# Massachusetts Sexual Assault Nurse Examiner Program

# — SANE Protocols —

# For ages 12 and above

***As of June, 2003***

**Commonwealth Of Massachusetts**
**Executive Office Of Health And Human Services**

**Department Of Public Health**
**Bureau Of Family And Community Health**

# Massachusetts Sexual Assault Nurse Examiner Program SANE Protocols

***For Victims Of Sexual Assault Age 12 And Older***


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**( Online Adobe Acrobat Version )**

This Table of Contents was created based upon the overall amount of pages that were compiled in this Adobe Acrobat Version of the S.A.N.E. Program Protocol ( As of June, 2003 ). Please make note that this protocol has been manually edited, page by page, to ensure that this version is as close to the original copy as possible. Nothing has been removed, only the paragraph and indent spacing have been altered.



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## INTRODUCTION

### 1.1 Program Summary

## Protocol Collaborations

The Sexual Assault Nurse Examiner (SANE) Program is an initiative with the primary goal of improving the care for victims of sexual assault in Massachusetts through the development of a statewide, standardized method of evidence collection and the provision of high-quality, coordinated care within the medical, legal, forensic and advocacy communities. The SANE Program is an initiative of the Governor's Office and is administered by the Massachusetts Department of Public Health (DPH). The overarching initiative is to improve the successful prosecution rate of sex offenders through the quality of the evidence that is collected and testimony given by the SANEs. In developing and implementing the SANE Program through the SANE Protocol, the DPH SANE Program Director is working with a SANE Board with the input and approval of the following members: the Executive Office of Public Safety, the Massachusetts Hospital Association, the Massachusetts Nurses Association, Emergency Nurses Association, Massachusetts Association College of Emergency Physicians, Jane Doe, Inc., Rape Crisis Centers, The Governor's Commission on Domestic Violence, Committee of Boston Teaching Hospitals, Massachusetts Office of Victim Assistance, National Nurses Association, Sexual Abuse Intervention Network, DPH Sexual Assault Prevention Survivor Services, Boston and Massachusetts State Police Crime Labs, Boston Police Sexual Assault Unit, Emergency Medical Services, State Laboratory STD Division, MDPH AIDS Bureau, District Attorneys, criminal justice and other law enforcement personnel.

## SANE Mission

The mission of the SANE Program is the delivery of time-sensitive, compassionate, coordinated care to victims of sexual assault by registered nurses and physicians who have been trained, certified, and credentialed through the MA Department of Public Health. The SANEs are available on call 24 hours/ 7 days to designated emergency departments to care for sexual assault victims aged 12 and over. Upon entering the ED, a SANE exam is offered to patients who've been assaulted within the previous 5 days or 120 hours. The SANE cares exclusively for the sexual assault victim providing coordinated services within the emergency department with hospital personnel, law enforcement, rape crisis centers, and social services. The SANE is then available to provide fresh complaint testimony in the prosecution of the sexual assault case.

## Training

The SANEs are hired by the Massachusetts Department of Public Health and are required to have at least 3-5 years experience in nursing, preferably in emergency, psychiatric nursing, or women's health. Upon acceptance into the program and throughout the training they must demonstrate compassion, critical thinking, and a commitment to fulfilling their obligations as SANEs. They are trained with intensive 45 hour classroom instruction followed by the passing of a written exam with 85% or higher, 10 precepted limited pelvic exams and sexual assault exam certification. Once certified and credentialed the SANE is able to provide coordinated, comprehensive, compassionate care for sexual assault patients entering designated emergency departments. The training and certification process highlights the importance of forensic evidence collection, medical-legal exam and documentation, and court testimony as a "fresh complaint" witness. The training is multidisciplinary and informs the SANE on how to deliver compassionate, patient empowered care by giving the victim the right to choose the course of their care while in the Emergency Department. The training highlights the role of the Boston and State Police, the forensic evidence collection process, the essential importance of following chain of custody with the Massachusetts Sexual Assault Evidence Collection Kit, and coordination of victim reporting and victim compensation services. The service the SANE provides to the patient is framed within the context of the importance of providing privacy and confidentiality with the reporting and disclosure of the assault. The options the SANE provides the patient are: the choice to have evidence collected with or without having to report, the coordination of services with the community-based rape crisis counselor, the facilitation of police reporting if requested, and the psychosocial support needed for the victim.

The specialized curriculum for the training program includes 45 hours of classroom instruction, followed by a preceptorship in the limited pelvic exam and a second preceptorship in the sexual assault exam. The classroom portion of the training program will encompass current sexual assault theory, the medical-legal examination, treatment practices, forensic evidence collection, legal issues, and preparation for testimony. The preceptorships are designed to develop clinical skills in the limited pelvic exam and evidence collection for sexual assault survivors. Certification will be granted after successful completion of a written examination and performance evaluation by the preceptors. Re-certification will be required annually and will be based upon effective performance as a SANE. Performance evaluation will be conducted according to quality assurance mechanisms developed by the Department of Public Health. In addition, certified SANEs will meet continuing education requirements for re-certification annually that are established by the MDPH and the Massachusetts Nurses Association.

## SANE Operations

The SANE Program pilot began in Lawrence and Boston, in 1997 and 1998 respectively. To date, over 2,400 patients have been provided services. The success of the program in offering services 24 hours a day, 7 days a week has allowed for the recognition and support for full statewide SANE expansion in FY 2000. Services have since been expanded throughout the Commonwealth within a regional framework to areas of Western, Central, Southeastern, Northeastern and Boston. The goal is to provide care to victims of sexual assault accessing services at designated S.A.N.E. sites. This include a pilot program in Boston for service expansion for patients critically injured and admitted to the Intensive

Care Unit are our SANE sites. For a list of current Designated SANE sites, please contact Ginhee Sohn, Program Coordinator, at 617-624-5432 or Ginhee.Sohn@state.ma.us.

## Hospital Participation through Designation

SANE services will be provided in hospitals designated as SANE sites by the Massachusetts Department of Public Health. The goal is to designate a number of hospitals in each region based on geographic proximity to the SANEs and based on the number of exams the hospital anticipates. To become designated the hospital emergency departments must agree to allow services to be delivered on-site by trained, certified, and credentialed SANEs hired by DPH to provide services in collaboration with the ED staff. All SANE services will be overseen by an Emergency Department physician and through a primary nurse at the designated ED. The hospital must agree to allow for the SANE to coordinate all services for the victim while in the emergency department to include all members of the SANE team.

SANE Team services include community-based rape crisis counseling, medical treatment, psychosocial support, police reporting, evidence collection, and victim compensation services. The hospital must allow the SANE to have access to all the tools necessary to complete an exam consistent with the SANE standard of care. These tools include the Massachusetts Sexual Assault Evidence Collection Kit, the SANE Forms, the Provider Sexual Crime Report (anonymous mandatory reporting form), supplies, private safe room for patients, and access for disabled victims. The hospital must agree to comply with the SANE Protocol standard of care in offering services to victims of sexual assault through the SANE. To become designated, hospitals must be willing to offer patients privacy of record, confidentiality, and access to forensic photography. The hospital must agree to allow the SANE Program to provide inservices and training to all ED staff regarding the SANE protocol and reinforcing their role within the SANE team. The hospital will designate a fiscal, physician and nursing liaison to meet with the SANE Program staff to facilitate operations and services of the SANE Program. The hospital must agree to allow the SANE Program to review the SANE record for quality assurance and data collection purposes. The hospitals must agree not to charge the victim for the evidence collection provided by the SANE Program.

## The SANE Program Team

The primary member of the SANE Program Team is the certified, Sexual Assault Nurse Examiner (SANE). The goal is to have SANE availability to designated sites 24 hours a day to provide clinical services to victims of sexual assault, age 12 and over. Registered nurses and physicians who successfully complete the SANE training program will be certified by the Department of Public Health. All nurses and physicians certified as SANEs will be credentialed by the MA Department of Public

Health. The specific role distinctions of registered nurses versus physicians certified as SANEs will be delineated according to licensure and reflected in protocols established by the Department of Public Health. As a backup, SANE site staffs are inserviced to provide services when the SANE is not available.

Emergency department staff in a network program will call one SANE beeper number to access the Sexual Assault Nurse Examiner to respond and offer care to victims entering the emergency department. The hospital emergency department staff will provide triage and assessment, be available for consultation with the SANE, assist in obtaining necessary lab tests and medications, and work with the SANE to arrange for consultations and follow-up services as needed.

The other members of the SANE Program Team working with each victim of sexual assault will include community-based rape crisis counselors, law enforcement personnel, and psychosocial services. Additional personnel may work in collaboration with the SANE team, as indicated by the complexity of the case or by any special circumstances. All medical-legal services provided by the SANE Program will be performed according to the approved protocols. The program has been designed to work in collaboration with the Emergency Department in the delivery of services to patients. The following protocol clearly describes the responsibilities of the Sexual Assault Nurse Examiner, and highlights the SANE's coordination with hospital ED staff and rape crisis center staff.

## Upcoming Projects and Program Successes

The Sexual Assault Nurse Examiner Program at the Massachusetts Department of Public Health has achieved many successes in the past years. We are striving to improve the care of victims of sexual assault of all ages and towards that end will work to develop protocols and best practice standards for victims of sexual assault of all ages. The Department is currently working in collaboration with the Executive Office of Public Safety and advisory members on the development of a comprehensive protocol with an Evidence Collection Kit for victims of sexual assault who are under the age of twelve years. The Program published the Pediatric SANE National and Statewide Report outlining gold standard programs across the country and recognizing the needs in Massachusetts. For a copy of this report please contact Ginhee Sohn, SANE Program Coordinator, 617-624-5432 or email: Ginhee.Sohn@state.ma.us

The SANE Program has over 120 certified, credentialed, Sexual Assault Nurse Examiners delivering quality services to victims of sexual assault in 18 designated sites across the state. These 5 Regions include Western, Central, Northeast, Boston, and Southeast. Currently plans are underway for designation of the Cape Region.

The Program currently has a 98% successful conviction rate when a SANE is called in to testify in court. In addition there has been successful plea bargains negotiated due to the quality of forensic evidence gathered from SANEs, as well as, the success of SANE availability with testifying in court.

Because of the success of the program’s growth and value in the community we have been able to care for many victims of assault. Last year the program created protocols for victims with mobility

impairment and this year the program is reaching to provide services to other communities with limited access to SANE services. The program is piloting two programs and will provide services to Prisoners of assault entering our designated ED sites as well as providing services to patient in intensive care units who are admitted to our SANE designated sites.

Also, the program is pleased to announce Comprehensive Toxicology Results will now be offered to patients who are not reporting the assault immediately to law enforcement. Therefore, results of test will be offered on both reported and unreported cases.

The SANE Program continues to flourish with the support and encouragement of many community partners and the dedication of it's many advisory members. These strong collaborations have been pivotal in all program accomplishments to date. Through Jane Doe Inc., and the Massachusetts Nurses Association, Massachusetts Office of Victim Assistance, and many others, there is legislation pending approval which works to codify the structure and certification standards of our SANEs who deliver such valuable quality services

# SANE Program Protocol

**Program Administration and Implementation:** The Massachusetts Department of Public Health is responsible for certifying and re-certifying Sexual Assault Nurse Examiners, designating hospitals to serve as program sites and monitoring and evaluating all aspects of the SANE Program.

### 1.2 Program Goals

The goals of the SANE Program are to:

- Certify a cadre of sexual assault nurse examiners to respond 24 hours a day at designated emergency departments across the Commonwealth
- Provide specialized medical-legal exams for victims of sexual assault, 12 years of age and over
- Enhance existing community-based response systems for victims of sexual assault
- Improve and standardize data on the incidence of sexual assault victims seeking treatment in Massachusetts hospital emergency departments
- Increase the rates of identification, prosecution and conviction of sexual assault perpetrators through a standardized procedure for the collection of forensic evidence from victims of sexual assault

### 1.3 The Role of the Sexual Assault Nurse Examiner

The role of the Sexual Assault Nurse Examiner (SANE) is to provide specialized examination and care to victims of sexual assault 12 years of age or older. Specifically, SANEs will:

- Assess, provide care for, and document the signs and symptoms of physical and emotional trauma
- Collect, document, preserve, maintain custody of, and transfer forensic evidence to law enforcement authorities
- Consult with the ED physician regarding the provision of medical treatment, medication orders, and readiness for discharge
- Assess risk and offer prophylaxis for pregnancy
- Assess risk and offer prophylaxis for sexually transmitted diseases and HIV
- Provide education to the patient throughout the examination process
- Develop and discuss a discharge and aftercare plan with the patient
- Cooperate with law enforcement authorities during court proceedings

***SANEs do not determine whether or not a sexual assault has occurred. Investigators and attorneys will determine the legal significance of the evidence gathered from the patient. The collection of evidence from the patient by the SANE is the beginning -- not the end -- of the development of evidence for use at trial.

### 1.4 Scope of This Document

This protocol is designed for use with victims of sexual assault, ages 12 and over. Massachusetts General Laws (MGL) define an adult as a person 18 years of age or older. Patients between the ages of 12 and 18 years who meet the specifications for emancipation as described under MGL c.112 s.12F (See Section 2.3 below) are also eligible for services under the SANE Program. Patients under the age of 12 should be treated in accordance with current state, federal and hospital policies and procedures for the treatment of minors.

This protocol does not alter a hospital's obligation to provide medical screening and emergency treatment or transfer per the U.S. Emergency Medical Treatment and Labor Act (EMTALA) 42 USC 1395 (dd). Sexual Assault Nurse Examiner (SANE) services do not replace the care that would normally be provided to patients in a particular emergency department. Sexual assault patients will receive the same intake and screening that any patient would receive in any emergency department.

Under the SANE Program, sexual assault patients will be accorded high priority, will be seen in as private an area as possible, and will be examined and have evidence collected by a SANE. The care for all sexual assault victims will be supervised by the Emergency Department Physician who will evaluate all SANE patient’s medical conditions, assess trauma, suture wounds, order X-rays or lab tests, monitor and prescribe medications for the patient as indicated, and participate in determining the patient’s readiness for discharge and need for referral. The ED physician will be available to collaborate with the SANE in treatment and referral decisions. The ED primary nurse will monitor and care for medically unstable patients, assist with patient examination, assist with obtaining consultations, deliver or arrange for delivery of lab tests, and administer medications when appropriate.

## 2. DEFINITIONS

### 2.1 Sexual Assault

Sexual Assault is a broad term used to refer to a range of types of assaults which include rape, attempted rape, fondling, etc.—any genital contact against one's will accomplished by some type of force or coercion.

1. Rape is Legally Defined:
Assault which includes penetration.
Massachusetts's legal definition includes:

> (C265,S.22) "Whoever has sexual intercourse or unnatural sexual intercourse with a person and compels such person to submit by force and against his will or compels such person to submit by threat of bodily injury, shall be punished by imprisonment in the state prison."

Includes Three criterion:
a. Any vaginal, anal or oral penetration by a penis, or other body part, or object.
b. Lack of consent

> May be communicated by any verbal or physical sign of resistance.
> Is present when victim is unable to give consent due to age, mental status (i.e. incapacitation resulting from drug or alcohol intoxication, unconsciousness, and severe mental handicap)

c. Threat or actual use of force.

2. Massachusetts Law amended 1974
New laws include:

> Both genders
> Threat of force

### 2.2 Adult

An individual over the age of 18.

### 2.3 Emancipated Minor

An individual below the age of 18 years who meets the following criteria as specified in MGL c.112 s.12F:

1. Married, widowed or divorced;
2. The parent of a child;
3. A member of the armed forces;
4. Pregnant or believes herself to be pregnant;
5. Living separate and apart from parents or legal guardians, and managing his or her own legal affairs; or
6. Reasonably believes him or herself to be suffering from or to have come into contact with any disease defined as dangerous to the public health.

Thus, minors who believe themselves to have been exposed to a dangerous disease such as a sexually transmitted disease, or a minor who believes herself to be pregnant, may legally consent to diagnosis and treatment without parental involvement. According to the statute, the minor may only consent to care which relates to the specific diagnosis or treatment of such diagnosis.

## 3. SANE PROGRAM POLICIES

### 3.1 Patient's Participation in Treatment

The patient is urged to participate in decisions regarding her/his care, from triage to discharge. Care will be tailored to fit the requests and individual emotional, psychological, and physical needs of the patient. Informed consent for the patient will be ensured through documentation on consent forms after thorough explanation of services to be offered have been reviewed by the SANE. The patient may refuse any portion of this protocol at any time during the course of treatment and follow-up.

### 3.2 Length of Time Since Assault

A full evidentiary exam can be performed five days (or up to 120 hours) after a sexual assault. A SANE will be notified when an adult or emancipated minor age 12 and over enters a designated emergency department and reports having been sexually assaulted within the previous five days.

When a patient presents to the ED with a complaint of sexual assault more than five days after the assault, the ED staff will work with the patient to determine the patient's need for assessment, counseling and treatment for pregnancy and sexually transmitted disease; documentation and pictures of injuries; and referral to the community-based rape crisis center. A limited pelvic examination for purposes of completion of the evidence collection kit is not indicated more than five days after the sexual assault.

ED staff may consult the on-call SANE by telephone as needed regarding the appropriate treatment and referral of a patient who seeks treatment five or more days after a sexual assault.

### 3.3 Limitations of Evidentiary Examination

SANEs do not determine whether or not a sexual assault has occurred, but rather document the patient's complaint, note any signs and symptoms of trauma, and collect and document evidence from the patient. It is left to the criminal justice system to determine the legal significance of the evidence gathered by the SANE.

### 3.4 Sexual Assault and Abuse/Neglect

***Please refer to appendix for copies of all reporting forms**

**Mandatory Reporting**

**General Laws of Massachusetts**
**Chapter 112: Section 12A1/2. Reporting treatment of victim of rape or sexual assault; penalty.**

**Section 12A1/2.** Every physician attending, treating, or examining a victim of rape or sexual assault, or, whenever any such case is treated in a hospital, sanatorium or other institution, the manager, superintendent or other person in charge thereof, shall report such case at once to the criminal history systems board and to the police of the town where the rape or sexual assault occurred but shall not include the victim's name, address, or any other identifying information. The report shall describe the general area where the attack occurred.

Whoever violates any provision of this section shall be punished by a fine of not less than fifty dollars nor more than one hundred dollars.

Providers are mandated [MGL c.112 s.12A 1/2] to report all sexual assaults on an anonymous form entitled *Provider Sexual Crime Report.* This form must then be faxed to the Massachusetts Executive Office of Public Safety- Statistical Analysis Center at 617-727-5356. In addition, the PSCR should be faxed to the local police department in the city or town where the assault took place.

**Anonymous Mandatory Reporting for All Sexual Assault Victims:**
*****This form must be completed on all sexual assault victims**
Regardless if they report to police
Regardless if they have evidence collected
Regardless if they are seen by a SANE
Regardless if they are seen in the emergency department
Regardless of when they disclose the assault.

This protocol does not alter existing regulations for reporting the abuse or neglect of children, elders over 60, and disabled persons.
• Providers are mandated to report the abuse or neglect of:
Children under the age of 18 [MGL c.119 s.51A-E]
Disabled persons aged 18 to 59 [MGL c.19C]
Persons 60 years of age and older [MGL c.19A s.14-26]
* Please see Appendix for forms.

*****There is no mandate for providers to report the name or address of a sexual assault patient to police.

A victim of sexual assault is NOT required to file a police report of the incident as a condition of treatment by a SANE.

See Appendix for reporting forms, hot line numbers, FAX numbers, and SANE Program Coordination Directory.

### 3.5 Victim Compensation

Financial compensation from the Victim Compensation and Assistance Division of the State Attorney General's Office (in cooperation with the various District Attorneys' Offices) is available to victims of crime, including sexual assault. The program's contact number is included on the SANE Aftercare Forms given to the patient prior to discharge from the ED. Application forms and victim services are also available with the Massachusetts Sexual Assault Evidence Collection Kit, the Victim Witness Program and the local District Attorney's office.

The patient should be advised that reporting this assault and cooperating during the police investigation is necessary if she/he intends to seek compensation through the Victims of Violent Crime Compensation Act. [MGL c.258C] The Act advises victims to report an assault to the police as soon

as possible - within five days (or 120 hours) of the assault - unless there is a "good cause" for delay. See Appendix ---- for more information regarding the Victims of Violent Crime Compensation Act.

### 3.6 Forms 1-6 in MSAECK

The SANE Program record (consisting of the forms included in the Sexual Assault Evidence Collection Kit, and other information) as completed by the SANE will become the record of the sexual assault exam that is provided in response to a subpoena. The physician providing medical clearance will briefly document in the patient's hospital medical record, the history and physical exam and the treatment provided to the patient (See Section 7 below) to ensure documentation of care in accordance with hospital procedures. The S.A.N.E./ medical provider performing the physical exam should document the findings on Documentation Forms 1-6.

## 4. RESPONSIBILITIES OF PRE-HOSPITAL PERSONNEL

### 4.1 Avoid Loss of Evidence Prior to Hospital

Advise the patient to avoid washing, douching, urinating, defecating, eating, drinking, cleaning the mouth or teeth, or changing clothes. Any of these activities may remove evidence such as the assailant's semen, hair, skin, and fibers, which may be on the patient's body or clothing. Also advise the patient not to smoke because smoking will alter the saliva sample that may be collected during the SANE examination.

If the patient is wearing any of the clothing that was worn at the time of the assault, ask her/him to keep that clothing on and to bring a change of clothes, including underpants, to the hospital. If the patient is not wearing the clothing that was worn at the time of the assault, ask her/him to bring the clothing they were wearing at the time of the assault to the hospital in a paper bag. Each piece of clothing should be placed in a separate paper bag by the SANE. Do not use plastic bags for clothing or other evidence.

### 4.2 Alert ED Triage Nurse to the Patient's Complaint

### 4.3 Avoid Loss of Evidence on Stretcher

Carefully fold the patient's stretcher sheet in such a way as to enclose any debris. Do this even if there appears to be no debris on the sheet. Leave this sheet with the patient, ideally in a labeled paper bag.

### 4.4 If Possible, Escort the Patient Directly to the Treatment Room

## 5. RESPONSIBILITIES OF POLICE

### 5.1 Work Collaboratively with the SANE

Share any specifics of the assault that have implications for treatment or evidence collection, discuss when to conduct the patient's police interview and when to take possession of the evidence kit.

### 5.2 Conduct the Patient Interview

Coordinate with the Victim Witness Advocate and/or the District Attorney's Office, according to local police department procedure.

## 6. RESPONSIBILITIES OF TRIAGE NURSE/ED STAFF

### 6.1 Give Patient Priority Attention and Expedited Triage

**6.2 Determine the Patient's Eligibility for SANE Program Services** A full evidentiary exam can be performed up to five days (or 120 hours) after a sexual assault has occurred. Carefully calculate an accurate determination of the passage of time based on the date and time of the assault, and the present date and time.

A SANE should be notified when an adult or emancipated minor over the age of 12 years enters a designated emergency department and reports having been sexually assaulted within the previous five days.
When a patient presents to the ED more than five days (or 120 hours) after the assault, the ED staff should evaluate the patient's need for assessment, counseling and treatment for pregnancy and sexually transmitted disease; documentation and photographing of injuries and referral to the rape crisis center or other community or hospital services. A pelvic examination for purposes of completion of the evidence collection kit is not indicated more than five days after an assault. The triage nurse will assess the patient in the usual manner. If the patient requests, the police may be called for photographs to be taken.

ED staff may consult with the SANE by telephone as needed regarding the appropriate treatment and referral of a patient who seeks treatment five or more days after a sexual assault.

### 6.3 Initiate the Paging System for the SANE Program

Beeper service will be activated within 10 minutes of paging the SANE. Dial in the number you would like the SANE nurse to call back to; the SANE will then confirm the hospital network activating SANE and provide the ED with arrival time. The SANE will ask if the Rape Crisis Counselor has been offered and contacted, if the patient has been seen by a physician and medically cleared, and if the patient is able to consent to the exam. Notify the SANE via page if you wish to discuss the patient's condition prior to their arrival to the ED. In the ED log, document the time that SANE pager was contacted and the time of the SANE's arrival at the ED.

If patient consents, the local Community-Based Rape Crisis Center should be contacted via hotline or pager at the time the SANE is paged. If the patient consents and the hospital has a social worker or crisis intervention counselor available, that person should also be notified per hospital procedure. Triage should document the names of all hospital staff that speak with the patient during triage and treatment.

### 6.4 Assess the Patient for Injuries or Medical Problems

An assessment for serious injury takes precedence over evidence collection. Conditions such as lacerations with uncontrolled bleeding requiring sutures, vaginal bleeding, loss of consciousness, altered consciousness, drug or alcohol intoxication are among the conditions that may require the urgent attention of the ED physician. These conditions should be addressed before the patient is treated by the SANE. The SANE on-call should be notified if the patient's condition requires that the SANE

examination be delayed. Any patient who presents with complaints of abdominal pain, head injury, cervical spine injury should be medically evaluated prior to the SANE exam.

ED staff and SANE should collaborate to individualize the patient's care. (For example, the patient might have evidence collected while she/he is awaiting medical treatment such as cast application, minor suturing.)

**6.5 Avoid Loss of Evidence**

If possible, do not wipe blood or other fluids or stains off of the patient. Do not remove any foreign material from the patient's clothing or body. Advise the patient not to wipe or wash until the SANE arrives.

If a female patient must urinate, provide her with a specimen container and ask her not to wipe. The specimen should be given to the SANE to be sent for appropriate testing. **Do not** send a urinalysis to identify the presence of sperm. The detection of the presence of sperm is only for the crime lab to perform.

**6.6 Request that the Police Remain at the ED Until the SANE Arrives**

S.A.N.E. s should facilitate police contact upon patient request only.

If the patient was accompanied by police upon arrival at the ED, ask the officer(s) to remain in the ED for the SANE to arrive, so that they can give the SANE as much information about the assault as possible. This is particularly important when it is difficult for the patient to describe the circumstances of the assault.

If the officer is unable to remain at the hospital, document the officer's name, badge number and police station so that the officer can be contacted later, if necessary.

**6.7 Initiate Paper Work/Triage Note**

Take vital signs. Document medical history, current medical conditions, current medications and any known drug or yeast allergies, or allergies of any kind, evidence of trauma and extent of wounds, if any, resulting from reported sexual assault.

Write a brief triage note. For example, consider noting:

*Subjective:* "Reported sexual assault" or "Chief complaint: sexual assault."
*Objective:* "Disheveled, quiet, tearful, young woman, accompanied by roommate."
*Assessment:* "Able to wait to be seen by SANE."
*Plan:* "SANE called / SANE protocol initiated."

Avoid using phrases such as "in no acute distress" or similar terms which may be appropriate for medical patients, but may be misunderstood regarding sexual assault patients as negating any psychological trauma.

Do not interview the patient about the assault or related events. Do not take a statement or otherwise elicit or document details of the assault.

Explain to the patient that the SANE has been called and provide an expected time of arrival.

### 6.8 Assign an ED Nurse to the Patient

Follow hospital procedure for assigning an ED Nurse to the patient.

### 6.9 Notify ED Attending Physician of Patient's Arrival

Follow hospital procedure for notifying the ED Attending physician.

### 6.10 Escort the Patient to the Designated SANE Program Area

The area or room should be private, but should not be in a secluded area of the hospital. If possible, the registration interview should be conducted in privacy in the patients' room. Please be sure to offer the patient support and facilitate calling friends and family support per patient request.

## 7. RESPONSIBILITIES OF ED PHYSICIAN

### 7.1 Treat Emergency Medical and/or Surgical Problems

The ED physician will provide medical or surgical care as indicated, assess trauma, order X-rays or lab tests, suture wounds, and monitor the patient. The ED physician will be available to the SANE for all medical consultation. Any urgent medical or surgical treatment takes priority over the SANE exam and should be administered in accordance with ED procedures and COBRA/EMTALA regulations.

### 7.2 Collaborate with the SANE in the Care and Evaluation of Sexual Assault Patients

Timely collaboration between the ED physician and the SANE is important regarding the:

a. Evaluation and treatment of any trauma;
b. Evaluation of existing medical problems which may have been exacerbated by the assault;
c. Medical assessment and treatment of the patient;
d. Review of pertinent medical, psychiatric and social history;
e. Order of the necessary lab/screening tests, including pregnancy and STD testing when indicated;
f. Administration of prophylaxis for pregnancy and STDs;
g. Review of the patient's discharge and follow-up instructions;
h. Patient's readiness for discharge.

ED physician is encouraged to participate in SANE exam and to be available to answer questions the patient may have regarding their Emergency Department visit.

**7.3 Write Orders as Necessary to Assist in Carrying out the SANE Protocol (e.g., Cultures, Tests, and Medications per SANE Guidelines) with Modifications as Necessary**

**7.4 Briefly Document in the Hospital ED Record**

Include an abbreviated history and physical (per COBRA/EMTALA regulations). Note SANE Program involvement, brief discussion of SANE exam findings, treatment and follow-up plans, and the Sexual Assault Evidence Collection Kit number. The history of the Sexual Assault is to be entered in the documentation by the SANE only on SANE Form 3. The emergency department physician is not responsible for documenting a history of the assault. The history of the assault is provided one time only and is included in the SANEs documentation on Form 3. It is not to be entered a second time by the physician.

**7.5 Collaborate with all Members of the Health Care Team including the SANE, Triage Nurse, primary nurse, ED staff, Rape Crisis Counselor, Social Service and Mental Health Services in the Provision of Appropriate Medical Care and Crisis Intervention.**

## 8. RESPONSIBILITIES OF THE COMMUNITY RAPE CRISIS COUNSELORS

***Please refer to appendix for list of Rape Crisis Centers in your area**

General Laws of Massachusetts Chapter 233: Section 20J states, in part, the following:
"…A sexual assault counselor shall not disclose such confidential communication, without the prior written consent of the victim; provided, however, that nothing in this chapter shall be construed to limit the defendant's right of cross-examination of such counselor in a civil or criminal proceeding if such counselor testifies with such written consent."

Community Rape Crisis Counselor services need to be offered to the patient immediately upon their arrival to the hospital to ensure that the arrival of the Rape Crisis Counselor occurs along with the Sexual Assault Nurse Examiner. When the Rape Crisis Counselor arrives in the ED, the SANE or the ED Triage or Primary nurse will privately and briefly discuss the patient's situation to avoid having the patient repeat information unnecessarily.

The **Rape Crisis Counselor in coordination with the SANE** will work together to meet the range of needs of sexual assault patients. Each provider's expertise is needed to effectively care for and support the patient. The Rape Crisis Counselor's role compliments that of any available hospital-based rape crisis services.

The SANE will offer to the patient that the Rape Crisis Counselor can remain in the room throughout the examination. (Although some patients will appreciate support during the exam, others may feel uncomfortable with someone else in the room.)

***Note: Rape Crisis Counselors do not write in the patient's hospital record or on the Documentation forms.***

### 8.1 Offer Confidential Information, Support, and Referral to the patient, family and friends

Upon arrival to the ED, the Community Rape Crisis Counselor will:

- ***Identify Role:*** The Rape Crisis Counselor will explain her/his role (as outlined here) as available to the patient in the emergency department as well as in the community.

- ***Decision Making:*** The Rape Crisis Counselor will: 1) help explain what the patient can expect during their hospital visit and SANE exam; 2) support the patient's understanding of options and offer non-directive support; 3) support and encourage the patient's ability to make her/his own choices regarding the care received while in the ED.

- ***Confidential Crisis Intervention:*** The Rape Crisis Counselor will offer immediate confidential crisis intervention to the patient, family members and friends.

- ***Patient's Rights:*** The Rape Crisis Counselor will inform the patient of her/his rights. Information may include but is not limited to: 1) information regarding prior counseling and/or sexual history does not have to be disclosed; 2) that the information given by the patient may be documented by police investigators as well as mental health hospital staff which could be subpoenaed during court proceedings; 3) that the Rape Crisis Counselor has a unique privilege of confidentiality under which they will not document any information privately disclosed to them by the patient.

- ***Safety Planning, Referrals and Linkages to Community Resources:*** The Rape Crisis Counselor will offer information about resources and referrals for both immediate and long-term patient needs, including but not limited to: 1) safety, 2) availability and need for temporary shelter, 3) transportation, 4) clothing. The Rape Crisis Counselor will also offer assistance in meeting those needs by making contact with community resources.

- ***Follow-up Support:*** The Rape Crisis Counselor will offer free, direct follow-up support such as: 1) confidential counseling, 2) accompaniment during court proceedings, 3) assistance with the patient compensation process, and 4) other community services. The Rape Crisis Counselor will also reinforce the aftercare instructions as explained by the SANE.

## 9. RESPONSIBILITIES OF THE ED NURSE (LIAISON WITH SANE)

Monitor the Patient until the SANE Arrives at the ED

### 9.1 Act as ED Liaison for the SANE

Assist and collaborate with the SANE as requested. Specifically:

- advise the SANE of hospital procedures;
- locate necessary equipment;
- remain present during the pelvic exam if needed;
- obtain and administer medications as needed;
- send lab tests;
- arrange consultations and X-rays, etc.; and,

• provide extended observation of the patient for medical concerns (e.g. vaginal bleeding, abdominal pain, loss or alteration of consciousness, etc.).

**9.3 Continue Responsibility for Nursing Care of the Patient Who Needs Extended Observation After Completion of the SANE Exam**

Consult with the SANE and the ED physician concerning the length of time needed for observation. Document observation and care in the patient's ED record.

## 10. RESPONSIBILITIES OF THE SANE

### 10.1 Maintain a Log of Events

The SANE should document the time of the page from the dispatcher, the time of the SANE's arrival at the emergency department, the time the examination began, the time the examination ended, and the time the SANE departed the ED. The SANE should also document the reasons for any delay in beginning or completing the SANE examination.

### 10.2 Perform the Intake Interview and Establish Rapport With the Patient

- Introduce yourself to the patient.
- If necessary, escort the patient to the exam room.
- Explain your role and what you can offer to the patient; explain what she/he can expect in ED.
- Ask if the patient has decided whether to make a police report.
- Determine, privately, if the patient would like others to remain in the room during the examination. If not, have them wait close by, if the patient wishes.
- Do not assume the sexual orientation of the patient or the assailant.
- Consider known cultural, psycho-social and medical factors (e.g., ethnicity, primary language, age, sexual orientation, physical or mental disabilities, living arrangements) when providing care and treatment to the patient.

### 10.3 Advise the Patient of the Limits of Confidentiality

Carefully explain the potential for release of the SANE findings and other information. Indicate which entities (e.g., courts) may be able to gain access to certain information. Advise the patient of what information will be recorded, since it is conceivable that documentation (regarding previous counseling or psychiatric issues and treatment, for example) may be subpoenaed during court proceedings. According to MGL c. 258B s.3(h), the Victim Rights Law allows victims the right to request confidentiality in the criminal justice system. The court may enter orders to limit disclosure of information to protect the privacy and safety of victims.

### 10.4 Discuss Reporting the Assault to Police

**Explain that reporting an assault isn't the same as prosecuting an assailant, but is the first step in the process. Advise the patient that an immediate report will be more useful during court proceedings, but that she/he has the option to report the assault to police at a later date. Advise the patient that they have no legal duty to report to police. Advise**

**the patient that once reported to the police, it is the discretion of the police and District Attorney's office to decide to move forward with the case. In addition, while not likely, it is possible for the patient to be subpoenaed to testify. Advise the patient that reporting to the police is not required, however, mandatory reporting laws still apply which may result in law enforcement involvement.**

Call the police **ONLY** if the patient wishes to report the assault.

Call the police as soon as possible after the patient decides to report the assault, preferably while the patient is still in the emergency department. Call the police department/station in the locality in which the sexual assault occurred. Request that the police come to the ED, if possible. This is usually easier for the patient than going to the police station or having the police visit the patient's home.

### 10.5 Obtain Consent for Examination and Evidence Collection

Use Documentation Form 1 : Consent for Sexual Assault Exam
**Use Blue Ink on all Documentation Forms**
Obtain written consent for each portion of the SANE examination, evidence collection and photography that the patient wishes.

Explain each of the following points to the patient:

a. Types of evidence to be collected and the potential value of evidence;
b. The time period during which the evidence kit will be held prior to disposal of the kit; *see below
c. The kits are identified at the lab by kit numbers and the patient will be given their kit number upon discharge;
d. The patient may decide to report the crime at a later date (if the patient has decided against filing a police report immediately);
e. The patient's name is not included with the evidence collection kit unless it is a reported case.
f. What the exam can determine, and what it cannot;
g. The purpose of the SANE exam is to gather evidence; it is not a routine medical exam and does not replace other medical care;
h. The patient may decline the entire exam, or any part of it, at any time;
i. The purpose of each step of the physical examination.
j. Victims age 16 and over have up to six months after evidence collected to have the evidence analyzed
k. Victims under 16 have until their 26th birthday to have the evidence analyzed
l. If victim chooses not to report within this time frame and not have the evidence analyzed the kit may be discarded at the discretion of the crime lab

## *Special Considerations for patients seen outside of the Emergency Department in the Intensive Care Unit*

1. Physician in the Intensive Care Unit will be available for consultation for SANE Support. ICU ***Physician will:***

a. Prescribe medication according to SANE Protocol
b. Work with SANE to determine consent under hospital administrative procedures
c. Provide any and all medical treatment necessary
d. Provide all other responsibilities as physician in emergency department, (See Section 7)

2. Nursing in the Intensive Care Unit will assist the SANE in providing services while in the ICU

***Primary Nurse will:***

a. Stay in room with SANE, if needed, to monitor equipment, patient status, and assist in positioning patient for exam
b. Provide all other responsibilities as Primary nurse in emergency department (See Section 6 )

3. **Responsibility of SANE in ICU**

a. SANE will: collect and preserve forensic evidence within the limitations of the Intensive Care Setting while maintaining patient safety and without compromising medical care.
b. The SANE will maintain custody of the evidence until the evidence is transferred and signed over to the appropriate law enforcement agent.
c. If Law Enforcement is not available to accept custody of the evidence, the SANE will transport the evidence to the Emergency Department and secure it in the ED's locked refrigerator.
d. The SANE will seal all original white copies of Documentation Forms in a large manila-type envelope labeled with the patient's addressograph and MSAECK number. Any photographs should be labeled in a similar manner and placed in a separate envelope within with the Documentation envelope.

e. The Documentation envelope should be brought to the Emergency Department and given to the resource/ charge nurse to be stored in the usual manner for SANE cases.

## *Special Considerations for Prisoners or those patients in the custody of Law Enforcement*

SANEs are now able to provide services to prisoners or patients in the custody of Law Enforcement entering designated SANE sites. Procedures for providing services and handling chain of custody issues have been addressed throughout the protocol.

## SPECIAL CONSIDERATIONS FOR CONSENT

*A patient age 12 to 18*: Generally, in order to consent to treatment, a person must understand the proposed treatment, its risks, and any alternative treatments. Massachusetts law recognizes instances where individuals under age 18 are considered "emancipated minors" and, therefore, capable of giving consent. MGL c.112 s.12F defines an emancipated minor as an individual under the age of 18 who is:

1. Married, widowed or divorced;
2. The parent of a child;
3. A member of the armed forces;
4. Pregnant or believes herself to be pregnant;
5. Living separate and apart from parents or legal guardian, and managing his or her own legal affairs; or
6. Reasonably believes himself or herself to be suffering from or to have come into contact with any disease defined as dangerous to the public health.

A victim of sexual assault, by definition, may have been exposed to sexually transmitted diseases and may be at risk for pregnancy. The statute requires that information gathered during the course of treatment be held confidential and released only with the consent of the minor or by judicial order.

*A patient who is not able to consent*: The SANE will not examine a patient who is unable to consent due to psychiatric or cognitive disability or other reason such as drugs, alcohol, head injury, etc. Consult with the appropriate hospital staff if there is a concern about the patient's ability to provide consent. Consult with the ED staff as to the appropriate treatment plan, based on hospital policy.

*A patient who does not consent*: The SANE will not examine a patient who does not consent (e.g., a teenager whose parents demand to have her examined, but who does not want the exam). Consult with the ED staff as to the appropriate treatment plan, based on hospital policy.

### 10.6 Obtain Blood Samples

Follow hospital procedures to obtain the blood samples needed for the Evidence Collection Kit, the primary nurse should draw all lab tests in one single blood draw. The following are the blood tubes necessary to complete both medical and forensic analysis:

Qualitative serum HCG beta subunit (pregnancy) unless hospital policy dictates a urine test (*Please refer to Section 10.9)

Hepatitis B screening

Purple-top tube for DNA testing

2 gray-top tubes when comprehensive toxicology testing being submitted.

**10.7 Obtain History of Assault**

Use Documentation Form 2, Sexual Assault Information
and Documentation Form 3, Patient's Report of Incident
**Use Blue Ink on all Documentation Forms**

*If the patient has been interviewed by the police (or will make a police report shortly),* obtain a brief history of the assault. Ask only those questions which are necessary to describe the assault. Ask and document responses to questions that relate to potential evidence collection.

*If the patient has not given a statement to police and has decided against making a police report*, obtain a more detailed statement about the assault. Explain to the patient that this statement will be important if she/he decides to make a police report at a later date.

The following information should be documented:

1) Date and approximate time of the assault
2) Number of assailants, gender of assailants
4) Physical surroundings (indoors, outdoors, car, alley, room, area, rug, dirt, mud, grass, etc.)
5) Threats, force, and trauma (note marks, torn clothing, dirt, etc.)
6) Sexual acts (including oral –penile penetration) demanded and/or performed
7) Penetration (or attempted penetration) of the oral, vaginal or anal orifices by a penis, finger, mouth, tongue or object. Also, note whether the patient thought the assailant ejaculated.
8) Suggestion or evidence of weapon(s) and type of weapon
9) Use of any type of lubricant (e.g., saliva, water or gel)
10) Use of a condom

**10.8 Assess for Trauma and Document Injuries**

Use Documentation Form 4: Physical Appearance and Wound Documentation
**Use Blue Ink on All Documentation Forms**

• Note general physical appearance:
Consider noting such things as: disheveled clothes, dirty, matted hair, torn nylons, tears or stains on clothing, guarding of injuries, tearful, numb affect, grimacing or otherwise appearing to be in pain.

• Document emotional status:
Consider noting such things as: tearful -- especially when relating details of the incident, sad, shaking, quiet, sighing, staring down, preoccupied, difficulty in concentrating, pacing, nervous, rocking back and forth.

• Document the patient's activities *after* the assault (e.g., the patient bathed/showered, urinated, defecated, douched, self-administered enema, cleansed mouth or teeth, ate or drank.)

• Perform physical examination:
Indicate any areas of trauma on the figures on the body maps. (Shade area distinctively for each type of injury, draw a line out to the side and then describe the appearance of shaded area.)

• Assess the patient for injuries in light of the history of the assault. On the body maps, document bite marks and shade any areas the patient describes as tender or painful to touch, with or without visible bruising.

**10.9 Assess for Existing Pregnancy**
All females should be screened for pregnancy.

Obtain the patient's history, including the date of her last menses and any unprotected intercourse since the last menses. Review the pertinent history of assault including penetration or attempted penetration, ejaculation, use of a condom and the patient's use of contraception at time of assault.

Send STAT qualitative serum beta subunit of human chorionic gonadotrophin (HCG) to the hospital laboratory if the lab is able to report the results within one hour. The results of the test should be documented on Form 6.

If the hospital is unable to perform the beta subunit quickly perform a STAT urine test.
The test used should be very sensitive -- 25 mIU's of HCG.

*If the patient is pregnant, consult with the ED physician or Ob/Gyn on-call prior to proceeding with the SANE examination. A pelvic exam should be done as indicated by the ED physician or the OB/GYN on-call according to hospital ED procedures.*
*Skip to section 10.12 if patient is pregnant.*

**10.10 Counsel the Patient About the Possibility of Pregnancy as a Result of the Assault**

Calculate the likelihood of pregnancy as a result of this sexual assault:
a. Determine dates of last menstrual period (LMP) and previous menstrual period (PMP)
b. Determine length of cycles (25 days,28 days, 30 days, etc)
c. Determine fertile days of the cycle
d. Identify the type and consistency of current use of birth control methods

Discuss the patient's likelihood of pregnancy and options available (See Section 10.16).

**10.11 Obtain Signed Consent for Pregnancy Prophylaxis Medications**

Explain the mechanism of action of the available pregnancy prophylaxis medications; the risks and benefits of their use; and the implications of not using pregnancy prophylaxis. Assess the patient for allergies to medications and contraindications to emergency contraception.
*[Note: pregnancy prophylaxis must not be given unless the pregnancy test is negative. The SANE must review the details of the pregnancy prophylaxis information sheet with the patient, the patient must*

*understand the information. Emergency contraception should be administered only after the patient has signed the consent form and the ED physician has ordered it for the patient.]*

**10.12 Counsel the Patient About Testing and Treatment for Sexually Transmitted Disease**
****Please refer to Page 40 and Section 10.17 for the most current STD Protocol Changes.**
Advise the patient about the possibility and risks of disease transmission as indicated by the particulars of the assault as described by the patient.

Discuss the medications to be administered, their purposes and limitations, the need for follow-up care and follow-up referrals. (Refer patient to the Aftercare Form.)

If the patient chooses to take medications for possible infections, she/he should be advised to obtain testing in four weeks.

If the patient chooses not to take medications for possible infection, she/he should be seen for testing at two weeks, four weeks and twelve weeks after the ED visit to confirm that a sexually transmitted disease was not acquired.

Advise the patient that any positive cultures or lab tests taken during this exam will be reported to her/him through the usual patient notification system of the hospital. Explain the medical implications of negative and positive test results. Emphasize that all lab tests should be repeated at a later date in order to confirm a negative result. [The schedule for repeat testing is included in the Patient Aftercare instructions.] Advise the patient that results of baseline testing will appear in the medical record and that it is possible for positive test results to be admitted into the court record.

***HIV/AIDS:***

The SANE should assess the patient's level of concern surrounding HIV exposure and potential risk of transmission after sexual assault. For some, fear of contracting HIV as a result of the sexual assault may lead them to seek care in the ED. For others, HIV transmission may not be an immediate concern, but one that the SANE should address during the follow-up care recommendations.

The SANE should also assess the patient's mental status. Acute reactions to sexual assault may include suicidal or homicidal ideation, necessitating consultation and evaluation by a qualified psychiatric or mental health professional prior to the sexual assault examination. These severe, though not uncommon reactions, as well as the acute anxiety experienced after the assault, may impair the patient's ability to provide informed consent for the HIV antibody test while in the ED.

HIV Education

Important factors for the patient to understand in order to make an informed choice about HIV risk and HIV antibody testing in the ED after a sexual assault include:

1. The results of HIV testing in the ED indicate the *present* status of HIV infection, *not* the HIV status resulting from the sexual assault.

2. The "window" period for seroconversion (the time it takes a person to develop antibodies from the time of infection) varies from person to person. Some people seroconvert as early as three weeks after exposure, with greater than 80% of the infected individuals testing HIV antibody positive by six weeks (MDPH HIV/AIDS Bureau Clinician's Guide to HIV Counseling and Testing; May, 2000).

3. Although difficult to determine the relative risk of HIV transmission after sexual assault, HIV transmission after unprotected receptive vaginal or anal intercourse with an *HIV-infected partner or assailant* is similar to that associated with a puncture with an HIV-contaminated needle (Katz & Gerberding, 1997).

The limits of confidentiality of the HIV antibody test must also be discussed before the patient chooses to be tested in the ED setting. Although conducted in a "confidential manner" according to hospital procedures, the results of the HIV test becomes a part of the medical record and may be subpoenable in court proceedings. ***Confidential or anonymous HIV antibody testing at a time later than the sexual assault examination is recommended.***

The MDPH strongly recommends that patients receive pre- and post-test education and counseling. Issues to be considered include:

1. Adequate HIV pre-test counseling is not often available in the busy ED setting.

2. If testing has been done in the ED, appropriate mechanisms for follow-up may not be in place to provide adequate continuity of care.

3. A system which allows for HIV post-test counseling and includes the patient's return to discuss the HIV test results, may not be appropriately provided through the ED setting.

4. All patients to be tested for HIV must provide specific, written informed consent in compliance with the Massachusetts General Law (Chapter 111, Section 70F).

5. Any patient who has not had baseline serum lab tests (ie liver function tests, CBC) at the time of the initial visit must agree to follow-up at an appropriate site within 48-72 hours.

6. After this traumatic event, the patient's ability to comprehend all factors specific to HIV risk, transmission, and testing may be compromised. Therefore, the ability to provide written, informed consent for HIV antibody testing may be difficult or impossible

during this acute ED visit. Also,

7. Patients should be advised to use condoms during sexual activity pending the results of their 6-week HIV test.

HIV antibody testing *is not recommended* in the ED as part of the sexual assault examination. Fear of contracting HIV as a result of the sexual assault may lead a patient to request the HIV test before leaving the ED. If HIV testing after sexual assault is not medically indicated, the decision to be tested, after adequate information is provided for informed consent, is ultimately the patient's.

INDICATIONS FOR HIGH RISK

Multiple assailants
Amount of ejaculate the patient is exposed to
Oral and/or anal assault
Any disruption in skin integrity of the vaginal, anal or oral mucosa

Follow-up Care

Concern about possible HIV infection as a result of sexual assault is common. Ideally, follow-up care, including HIV counseling and antibody testing, is best done in the supportive, on-going relationship of the primary care provider. However, reluctance to disclose a sexual assault to the primary care provider may prevent this continuity of care.

The options for confidential or anonymous HIV antibody testing should be offered. Testing should be encouraged at *approximately 3 weeks* after the sexual assault and should occur outside of the Emergency Department setting. Any need for further testing should be discussed at the HIV counseling session. Those individuals whose immediate concern is *current* HIV status may be referred to their primary care provider or to the hotline for an HIV antibody test at any time after the ED evaluation.

The SANE should be aware of the resources for survivors of sexual assault which are available within the community and through the hospital. The following, additional resource options for HIV pre- and post-test counseling should be provided to the patient prior to discharge:

1. Local Sexual Assault Prevention and Survivor Programs provide:
   a. Initial and on-going sexual assault crisis counseling;
   b. Coordination with local HIV pre-and post-test counseling services;
   c. Crisis counseling sessions (up to 12), client advocacy and support groups to survivors and significant others are free of charge.

2. Statewide HIV Counseling & Testing Hotline Number: 1-800-750-2016.
   Hotline staff are knowledgeable about issues surrounding HIV and sexual assault and will act as a reference point/liaison between ED care and appropriate counseling and referral sources.

3. Massachusetts Department of Public Health 24 hour Hotline for Non-Occupational Blood and Sexual Exposures 1-888-855-9324 to assist in determining appropriateness of HIV Post Exposure Prophylaxis

4. The hospital's Social Service Department may be able to meet the HIV counseling needs of the patient after sexual assault, referral for follow-up care and on-going support.

5. Aftercare forms containing the names of ED providers, primary care or clinic networks, hotline number, local Sexual Assault Prevention and Survivor Service Programs and Family Planning Clinic numbers will be provided.

**10.13 Discuss the Evaluation and Management of the Patient With the ED**

Discuss the patient's medical management with the ED physician who will write any necessary prescriptions and order medications. Bring to the physician's attention any existing medical problems which may have been exacerbated by the assault (e.g., diabetes). Ask about current medications (e.g., insulin). This discussion may occur early on (if there are concerns), or at the end of the SANE's evaluation and care of the patient. If, at any time during the course of caring for the patient, a medical or surgical concern arises (e.g., a foreign body found in the vagina or rectum or excessive vaginal or rectal bleeding), consult an ED physician or other designated physician, as appropriate to the concern.

Alcohol and/or drug screening should be ordered by the ED physician only if medically indicated: not routinely or for legal purposes. These tests are usually performed only if: 1) indicated by the patient's medical condition (e.g., progressive lethargy or significant toxicity); 2) the patient has been forced to ingest a substance; or 3) the patient is concerned about the type and/or quantity of the ingested substance(s). Specific consent for testing and disclosure of blood alcohol and toxicology screening results must be obtained prior to testing, according to MGL 94C. Any toxicology testing for the potential purpose of prosecution must utilize the Massachusetts Toxicology Testing Kit, which is processed and analyzed by the Massachusetts State Police Crime Laboratory only. These specimens should not be sent to hospital labs.

**Please see appendix for protocol for Comprehensive Toxicology Testing. Patients who are not reporting the assault to law enforcement can have the Toxicology Testing performed, when indicated, and have the results accessed via a hotline number, 1.866.269.4265.**

**10.14 Collect Evidence and STD Specimens**

The SANE/ Medical provider performs only those parts of the physical examination and evidence collection that the patient has consented to.

- **If the patient has declined evidence gathering, proceed to the physical exam and treatment**

If patient does not want evidence collected, document her/his reason(s) in the SANE chart. For example, "Patient not able to tolerate the procedure at this time" or "Patient is very upset or emotionally traumatized -- declines exam at this time."

- **If the patient consents to evidence collection, the SANE evidence collection protocol should be followed.**

Use the Massachusetts Sexual Assault Evidence Collection Kit.
Explain each step of the process and any findings to the patient as the evidence collection proceeds.

***We would like to thank Lisa Mc Govern through the MA District Attorney's Association and the Executive Office of Public Safety for contribution and dedication in improving the standard of evidence collection procedures throughout the Commonwealth for all victims of sexual assault.***

***SANEs do not determine whether or not a sexual assault has occurred***

# FORENSIC KIT NOTES

1. **Use the MSAECK *Massachusetts Sexual Assault Evidence Collection Kit.***

2. **Use the Documentation *Forms 1-6* enclosed in the MSAECK.**

3. **The SANE/ Medical Provider should wear latex-free gloves throughout the evidence collection process - for safety and to prevent contamination of specimens. Gloves should be changed frequently to prevent cross-contamination of specimens.**

4. **If additional cotton-tipped applicators are required for swabs, sterile hospital-type may be used.**

5. **When multiple sets of swabs and smears are being used, be sure to use the first set of swabs for your smears and label swab and smear container as your 1st set. For all subsequent sets of swabs make sure to label them accordingly, i.e. 2nd set, 3rd set.**

6. **If additional envelopes are required, any clean, unused, legal-sized envelopes may be used. Seal envelopes with tape, kit number labels, or with a gloved finger moistened with water. *Do not contaminate specimens with own saliva by licking flap to seal envelope. Do not use staples, as they may rip chemists' gloves at the lab when opening samples.***

7. **If any additional paper is required, use clean white paper, such as used for printers or copiers. Fold the paper to enclose the specimen and then insert into the envelope**

8. **Use only distilled or sterile water or preservative-free water to moisten swabs.**

9. **When using moistened swabs to collect evidence make sure swabs are lightly moistened and not saturated.**

10. **Do not use any type of hair dryer or mechanical device to dry swabs or smears.**

11. **Clothing, tampons, and sanitary napkins need to be air dried prior to sending to the crime lab. If items are damp or wet, place them in sterile urine –type container and punch holes in the lid to facilitate the drying process during transport. Indicate the inclusion of wet biological specimens on the kit box and inform the transport officer to inform the lab that items need to be dried.**

12. **Clothing or fabric needs to be air dried prior to sending to crime lab. If clothing contained within the completed kit is damp or wet, notify the officer picking up the kit.**

13. **The primary nurse or appropriate hospital staff should draw all blood samples at the same time. All blood and urine tubes should be enclosed in a sealable plastic hazardous material bag**

14. **Any additional supplies needed should be found in the SANE supply cabinet. The SANE supply cabinet is checked/restocked after each sexual assault exam by the designated SANE/ED Liaison person at each institution.**

15. **If the patient is brought to the ED by ambulance, fold the stretcher sheet to contain foreign debris, and place in separate clean paper grocery bag. Tape bag closed; label appropriately; affix kit label, and write your initials.**

## PHOTOGRAPHY OF LESIONS/WOUNDS

***Does the patient have wounds/marks/lesions from the assault***

**NO** **YES**

**Pointers:**

- Photograph each wound or lesion with an instant camera, according to forensic photography procedures to include close, medium and long range.
- Position the patient two feet from corner of room, utilizing walls to reflect and diffuse the flash illumination
- If photographing the backside of the victim, turn their face towards the camera so that facial features can be recognized. If disability precludes inclusion of the face in the photograph, document this limitation and consider the following alternatives:
  - Careful and complete documentation of all injuries on the body map to correlate with photo
  - Inclusion of an existing mark or scar
  - Be creative with positioning
  - Be respectful and appropriately drape and position patients
- Prisoners who are handcuffed may have difficulty assuming traditional positioning for forensic photography. Call upon the accompanying Officer for assistance with restraints.
- Make certain an identifying portion of the victim is visible in each photo
- All photos should have patients name, hospital record number, kit number, date and time taken and name of the photographer.
- Ensure all photos are obtained with clear quality and lighting**.**

**Medium range:**

- Photos of each separate injury to include any cuts, bruises, swelling, lacerations, and abrasions.
- Photographing legs: sit the victim in a chair, exposing the legs and face and thereby eliminating part of the torso

**Close range:**

- Photograph a wound and it's relationship to another part of the body.
- Take at least one photograph that involves only the wound area.
- Photograph injuries with and without a scale visible.
- Standard Plastic metric rule.
- A coin (i.e. a quarter) or some identifiable standard to convey size.

***Copies of photos may be given to police <u>with patient's permission</u>***

**Place all photos in medical records. Do not submit to crime lab in evidence collection kit.**

***SANEs do not determine whether or not a sexual assault has occurred***

# STEP 1

## Documentation Forms 1-6

### Included in MSAECK

Written consent will have to be requested of patients. If the patient happens to have limitations in manual dexterity as part of the mobility impairment, then consider accepting verbal indication of consent from the patient for each part of the exam, in the presence of an impartial witness who will sign on the consent form. If patient is unable to communicate verbally, an impartial ASL or Signed English or other appropriate interpreter will have to be used.

Note: The following should be considered when caring for prisoners as victims of sexual assault:
Form 1- the Patient Address should be the address of the correctional facility. The Follow-Up Phone call should be placed to the Correctional Health Service Department.
Form 5: Note the use of handcuffs/ leg irons
Form 6: *Aftercare instructions*: Do not write in dates of follow-up. Correctional Facility Health Service Staff will facilitate all follow-up care.
*Safety Planning*: If the patient feels that he/she does not "feel safe", communicate that information. Document the conversation well and note who you spoke to, to convey that information.

The yellow NCR copy of the completed Form 6 should be placed in an envelope along with any Emergency Department Forms and Correctional Health Forms. The envelope should be addressed in this manner: "Attention Health Service Department" and the name of the Correctional Institution. Seal the envelope with a "Confidential" sticker". Give the envelope to the patient's escort Officer for transport back to the correctional facility.

Fax/mail Provider Sexual Crime Report to the Executive Office of Public Safety – Statistical Analysis Center (contact information is listed on the PSCR itself). In addition, a copy must to be sent to the Correctional Facility (via escort officer) where the assault took place. (Place this report in a separate envelope, seal and address to "Warden/Sheriff" with the name of Correctional Institution.

# STEP 2

## CONTROL SWABS

### ENVELOPE 2

1. Lightly moisten both swabs with distilled water.
2. Allow both swabs to air dry.
3. Return the swabs to their paper sleeve. Place the sleeve in the Step 2 Envelope.

4. Seal the envelope, complete the requested information, and affix a kit number label.

# STEP 3

## COMPREHENSIVE TOXICOLOGY TESTING

*__Please refer to appendix for Toxicology testing consent form and flow chart for testing procedures__

## ENVELOPE 3

***Are there indications from the case history and or the patient's symptoms that testing is warranted to determine if the sexual assault was facilitated by drugs:***

- Periods of unconsciousness or lack of motor control
- Amnesia or confused state with suspicions of a sexual assault having occurred
- Amnesia or confused state after no known consumption of mind-altering substance, or after a minimal consumption of alcohol
- Patients' suspicion or belief they were drugged prior to or during sexual assault
- The suspected ingestion of drugs having occurred within 72 hours of the exam?

**No**

Go to next Step

**Yes**

1. Retrieve the form from the Step 3 Envelope entitled "Consent for Comprehensive Toxicology Testing"; using the form, explain the procedure and obtain the patient's consent. ***The patient consents to testing by writing initials only***. Complete both pages of the form before proceeding further.
2. If consent is obtained, retrieve a Toxicology Kit Box entitled "Blood and Urine Specimen Collection for Comprehensive Toxicology Testing" from the MSAECK supply area. Remove all components from the toxicology box, including the urine container and two gray stoppered 10 ml blood tubes.
3. Check the dates of the blood tubes; if they have expired, replace them.
4. Collect the blood specimens:
   - Cleanse collection site with alcohol-free prep pad supplied in the kit box.
   - Fill the two gray stoppered blood tubes allowing them to fill to maximum capacity.
   - Immediately after blood collection, assure proper mixing of anticoagulant powder by slowly and completely inverting the blood tube at least five times. **Do not shake vigorously!**
   - Affix a Sexual Assault Evidence Collection Kit number label to each of the tubes.
   - Place sealed tubes in plastic bag; place plastic bag back into the specimen holder.

5. Collect the urine specimen:
    - Instruct the patient not to wipe ( so as to minimize loss of evidence that will be collected in subsequent steps).
    - Have the patient void directly into the urine specimen bottle. A minimum of 60 ml is required. Replace cap and tighten down to prevent leakage. In patients with an indwelling catheter, collect urine from a leg bag or urine reservoir and document the source of the specimen.
    - Affix a Sexual Assault Evidence Collection Kit number label to the specimen bottle.
    - Place specimen (bottle with urine) inside plastic bag provided, then squeeze out excess air and close the bag. Do not remove the liquid absorbing sheet from specimen bag.
    - Return the bag to the specimen holder; place the specimen holder back in the toxicology kit bag.

6. Separate the copies of the Consent Form; retain the white copy for hospital records; Place the Yellow copy inside Envelope 3 then place Envelope 3 inside the Comprehensive Toxicology Kit Box.
7. Seal the Toxicology Kit Box with police evidence label, document requested information, affix kit number label.

# STEP 4

## BLOOD SAMPLE

## ENVELOPE 4

***Hospital personnel should draw comprehensive toxicology testing, pregnancy and Hepatitis B screening and blood samples for forensic testing at the same time.***

1. Using the purple top tube provided in the kit, obtain a blood specimen from the patient, filling tube to maximum capacity (If the expiration date of the kit has passed, a new, purple-top tube must be used).
2. Affix kit number label to the tube.
3. Place labeled blood tube into bubble pack bag and place in plastic bag and seal; place bag into the Step 4 Envelope.
4. Seal the envelope, complete the requested information, and affix a kit number label.

# STEP 5

## ORAL SWABS

***Did an oral assault occur within the past 24 hours?***
***Do not floss between teeth causing trauma to patient's gums.***

**NO**

**SKIP ENVELOPE 5**

**YES**

**ENVELOPE 5**

***You will collect 2 sets of swabs for this portion of evidence collection.***

1. ***Do not moisten the swabs prior to sample collection.***
2. Set #1 affix the ORAL 1A and 1B labels on the shafts of each swab; Using 2 dry swabs simultaneously, carefully, swab the upper and lower areas between the lips and gums, and along the tooth and gum lines.

NOTE: Patients with disabilities that cause some mobility impairment may find it difficult to hold their mouth open. Ask the patient what type of assistance they would need to do this.

3. Using both swabs together from Set #1, prepare 2 smears (Confine the smear to a rectangular area in the center of the slide approximately ½" x ½". Do not stain or chemically fix the smear.) Label Swabs and Smears as Set #1
4. Set #2 Affix kit labels "Oral 2A and 2B" to second set of swabs. Label swabs as Set #2: Using 2 swabs, repeat the same Swabbing procedure of the mouth and gums.
5. Allow the swabs to air dry.
6. Place both sets of dried swabs in their original wrappers labeled set #1 and set #2 respectively.
7. Place swabs and smears inside **Envelope 5**.
8. Seal the envelope, complete the requested information and affix a kit number label.

# STEP 6

## SALIVA SAMPLE
## (Used to determine patient's secretor status)

***Collect this sample even if there was no oral contact***
***Is the patient bleeding from the mouth or lips?***

**YES** **NO**

**SKIP ENVELOPE 6** **ENVELOPE 6**

**Please note that the patient should not eat, drink or smoke for at least 15 minutes prior to sample collection.**

1. Have the patient remove the folded filter paper from the Step 6 Envelope.
2. Have the patient saturate the inner circle of the paper with saliva.
3. Allow the filter paper to air dry.
4. Without touching the inner circle, place the filter paper into the Step 6 Envelope.
5. Seal the envelope, complete the requested information, and affix a kit number label.

**NOTE:** In patients with compromised manual dexterity, the SANE may have to hold the filter paper.

# STEP 7

## FINGERNAIL SCRAPING

***Did the patient scratch the assailant's skin or clothing?***

**NO** **YES**

**SKIP ENVELOPE 7** **ENVELOPE 7**

1. Unfold the paper sheet labeled Left Hand and place it on a flat surface.
2. Place the patient's left hand over paper. Scrape under all five fingernails, allowing any debris to fall onto the paper.
3. Place the used scraper in the center of the paper, fold, so as to retain contents.
4. Repeat this procedure with the patient's right hand using the paper labeled "Right hand"
5. Return both folded papers to the Step 7 Envelope.
6. Seal the envelope, complete the requested information, and affix a kit number label.

# STEP 8

## FOREIGN MATERIAL COLLECTION
(2 envelopes supplied)

1. Remove and unfold the paper from the Step 8A Envelope, placing it on a flat surface.
2. Collect any foreign material found on the patient's body or clothing (e.g. leaves, fibers, hair) and place in the center of the paper.
3. Refold the paper to retain the debris and return it to the Step 8A Envelope.
4. Complete the information requested on the envelope: **Note on the Anatomical drawings the location from which the sample was taken.**
5. Seal the Step 8A Envelope, complete any requested information, and affix a kit number.
6. Retain the Step 8 (B) Foreign Material Collection Envelope for use in conjunction with Step 9.

# STEP 9
## CLOTHING
(9 paper bags provided)

*Do not cut through any existing holes, rips or stains in the patient's clothing.*
*Do not shake out patient's clothing or microscopic evidence will be lost.*
*If there is a panty-liner or pad on the underwear, do not separate it from the underwear.*
*If additional clothing bags are required, use only new paper (grocery type) bags.*

### *Is the patient wearing the same clothing as when assaulted?*

**Yes**

1. Spread a clean bed sheet from hospital supply on the floor; spread the paper sheet from Step 8B Foreign Material Collection Envelope on top of the bed sheet.
2. Instruct the patient to stand in the center of the paper sheet and carefully disrobe.
3. Collect each item as removed and place in a separate clothing bag.
4. If foreign material is present on the paper, fold it to retain the contents, place it in Step 8B Envelope
5. Seal the Step 8B Envelope, complete any requested information, and affix a kit number label.
6. Seal each Step 9 clothing bag (do not use staples), complete any requested information on each bag, and affix a kit number label to each bag. (Bed Sheet may be returned to the hospital laundry.)
7. Return only the Underpants bag to the Kit Box.

**No**

1. Collect all clothing that might contain evidence such as blood, semen, dirt or foreign fibers.
2. Collect underwear and any other clothing in contact with the genital area.

3. Inform the officer in charge of the need to collect clothing worn at the time of assault.

If the patient arrives at the Emergency Department having already changed clothes, and either she or the police have brought all of her clothing together in one bag, **the examiner should not separate the items** into the individual kit bags. Rather, the clothing should be put into one paper (grocery type ) bag so as to avoid losing any debris, and the bag should be labeled with an explanatory note. Include the plastic bag used to transport the clothing to the SANE site in a separate paper bag for analysis of trace evidence at the crime lab.

*NOTE: For patients with mobility impairment, put the foreign material collection sheet on examination table and leave in place until patient is disrobed and exam is completed.*
*If patient prefers to disrobe in wheelchair, sheets can be tucked in around wheelchair to catch debris. Avoid putting chair on paper, since debris from wheels may contaminate evidence.*
*Swab wheelchair for evidence, if appropriate.*
*Always make sure that you inform patient what you are about to do!*

# STEP 10
## BITE MARKS

### *Has the patient bathed since assault?*

**NO**
**Envelope 10**

1. Use two sets of swabs for bite marks.
2. Moisten 1st swab with distilled water. Swab the area of the bite mark with both swabs simultaneously.
3. Moisten 2nd set of swabs, using both swabs simultaneously, swab outer area of bite mark.
4. Allow the swabs to air dry.
5. Place the swabs into their original paper sleeve.
6. Place the sleeve into the Step 10 Envelope.
7. Seal the envelope, complete any requested information, **Note on the Anatomical Drawings the Location From which the sample was taken**, and affix a kit number label.
8. **If more than one bite mark**, Moisten 2 hospital cotton tip swabs with distilled water. Swab the area of the bite mark with both swabs simultaneously.
9. Allow the swabs to air dry.
10. Place the swabs into their original paper sleeve.
11. Place the sleeve into a clean, unused legal-sized envelope
12. Seal the envelope. On the outside of the envelope, document the area of body from which the swabs were obtained and affix a kit number label.

**YES**

1. Measure the wound(s) and photograph both with and without the ruler placed next to the wound.

# STEP 11

## HEAD HAIR COMBING

## ENVELOPE 11

1. Remove paper towel and comb from the Step 11 Envelope.
2. Place the paper towel under the patient's head.
3. Comb the head hair so that any loose foreign hair and debris will fall onto paper towel.
4. Remove the paper towel, place the comb in the center of the towel, and fold the paper towel to retain both the comb and any evidence, and return the folded towel to the Step 11 Envelope.
5. Seal the envelope, complete the requested information, and affix a kit number label.

# STEP 12

## HEAD HAIR STANDARD

## ENVELOPE 12

***Please note that an adequate head hair standard is composed of a total of at least 50 full-length hairs with roots. These 50 hairs must be obtained by collected from all five regions of the head in order to reflect the full range of characteristics in the hairs on the head.***

- ***Do not collect the head hair standard if the hair is less than one inch long.***
- ***Do not collect the hair if doing so would be unduly difficult or unpleasant (for example, the patient has tight braids). Document the reasons for non-collection on the envelope (ie patient declines).***

1. Remove paper towel and comb from Step 12 Envelope.
2. Place the paper towel under patient's head.
3. Briskly massage head hair to assist in loosening hairs.
4. Position the patient's head over the paper towel and vigorously comb from the front, top, right side, left side, and back of the head and place all hairs recovered on the paper towel.
5. Grasping a few hairs at a time with your fingers touching the scalp, pull **(DO NOT CUT)** hairs from the front, top, right side, left side, and back of the head. Providers should have obtained a minimum of 50 hairs, ideally roots, representing the five regions of the head.
6. Fold the paper towel to retain both the comb and any hair evidence, and return the folded towel to the Step 12 Envelope.
7. Seal the envelope, complete any requested information, and affix a kit number label.

NOTE: During Steps 11 and 12, for patients whose mobility is limited, you may have to hold the paper, or have an assistant hold the patient's head over the paper during combing. Check with patient to find out what will work better, and what is acceptable to do.

# STEP 13

## PUBIC HAIR COMBING

***For tips on pubic hair combing and standard in patients with impaired mobility, please refer to the section on pelvic exams.***

## ENVELOPE 13

1. Remove paper towel, comb, and the Matted Pubic Hair Envelope from the Step 13 Envelope.
2. With the patient in the lithotomy position, place towel from **Envelope 13** under the patient's buttocks.
3. If any matted pubic hair present, remove the paper sheet from the Matted Pubic Hair envelope and unfold. Using sterile scissors, cut off any matted hair and place on the paper, allow the hair to air dry, fold the paper as to retain the sample, then place in the Matted Pubic Hair envelope, then seal the envelope, complete any requested information, and affix a kit number label, and return to the Step 13 Envelope.
4. Using the comb provided in Envelope 13, comb the pubic hair in downward strokes. Loose hairs or debris should fall onto the paper towel.
5. Place comb in center of paper towel and the fold without following the old fold lines (to prevent items from slipping out). This will retain both the comb and any debris collected.
6. Return to Step 13 Envelope.
7. Seal the envelope, complete the requested information, and affix a kit number label.

# STEP 14

## PUBIC HAIR STANDARD

## ENVELOPE 14

***Please note that an adequate pubic hair standard is composed of at least 30 full-length hairs (ideally with roots) containing representative hairs gathered from all the areas of the pubic area in order to reflect the full-range of characteristics present.***

***Do not collect the hair if doing so would be unduly difficult or unpleasant (for example, the hair is less than one half inch long) for the patient. Document reasons for non-collection on the envelope (i.e. patient declines).***

1. Remove paper towel and comb from Step 14 Envelope.
2. Unfold the paper towel and place on a flat surface.
3. Comb all regions of pubic hair so that hairs loosened will fall onto the paper. If there are 30 full-length hairs present on the paper towel, skip to step 6 below. If not, continue to step 4.
4. Grasping a few hairs at a time with your fingers touching the skin, pull **(DO NOT CUT)** hairs from several areas of the pubic region and place the pulled hairs onto the paper towel. If there are 30 full-length hairs present on the paper towel, skip to step 6 below. If not, continue with step 5.
5. If the procedure above does not produce the minimum 30 full-length hairs, hairs may be cut as close to the skin as possible to supplement the standard sample.
6. Fold the paper towel to retain both the comb and any evidence, and return the folded towel to the Step 14 Envelope.
7. Seal the envelope, complete any requested information, and affix a kit number label.

**Prepare the Patient for the Limited Pelvic Examination**

The speculum exam is performed at Step 16 (Envelope 16) of evidence collection. The limited pelvic examination, evidence collection and the collection of specimens for STDs are accomplished with one speculum exam. The limited pelvic exam does not include a bimanual exam. If the patient has any abdominal complaints, refer the patient to the ED physician for evaluation.

***IMPORTANT!*** If the patient happens to have any type of mobility impairment, it is crucial that you review some of the history at this stage. In patients with spinal cord injury (SCI) the level of the injury and any history of Autonomic Dysreflexia will have to be noted and given special attention. Other important considerations in these patients, are the history of muscle spasm and triggers for both autonomic dysreflexia and muscle spasm. Make sure you ask about things such as:

- Whether patients have ever had a speculum exam
- What their experience with a speculum exam has been like
- What the most comfortable position for a speculum exam would be
- Any history of autonomic dysreflexia with a speculum exam
- How exam could be made comfortable

Note any signs of trauma, hematoma, menstruation, fluid, swelling, erythema, tenderness, or foreign matter. Ask the patient whether she/he has had intercourse within 120 hours of the assault. [Explain that the presence or absence of semen at this time may be important evidence during court proceedings resulting from the assault.]

## PROCEDURES FOR STD TESTING

*The SANE Program has undergone changes in the protocol of testing for STD's with sexual assault victims.*

*The patient should be informed that testing within 5 days of a sexual assault for STDs will likely be testing for exposure to an STD before the incident of the assault and testing would not likely screen organisms in the semen resulting from the assault.*

*Infections identified in the patient at the time of examination for the assault will not be helpful for the prosecution in terms of strain determination and physical evidence.*

***No longer are we recommending testing as a matter of routine for sexual assault victims. Instead testing should be offered only if patient requests testing or if the patient exhibits physical signs and symptoms of infection.***

***Screening of Chlamydia in the pharynx and anus is no longer recommended***

*Given the declining rate of syphilis routine serologic screening for syphilis should no longer be recommended unless the exam suggests untreated infection.*

*The patient is strongly encouraged and counseled to have follow up STD testing after the assault with their primary care provider or GYN provider.*

*Given the side effects of some medications (including HIV antiretroviral prophylaxis and emergency contraception) provided at the time of the assault, metronidazole (Flagyl) 2 g single dose should be given to the patient who will be instructed to take them the next day.*

*All Sexual assault victims should be offered all other prophylactic treatment according to protocol*

***No longer are we recommending HBIG for sexual assault victims per CDC guidelines.***

**If victim request testing and/or if victim has physical signs and symptoms of STDs then the following STD testing procedures are to be followed during the evidence collection portion of the exam:**

Culture for **Neisseria gonorrhea**

*Note: Use one plate per site.*
**Thayer Martin plates should be brought to room temperature prior to use.**
Obtain specimen from the cervix (or urethra for males) and from any site of penetration or attempted penetration.

*Cervix*: After removing external vaginal secretions from the cervix with a large cotton swab, insert sterile cotton swab into the external os, rotate gently, and allow at least ten seconds for absorption.

*Pharynx*: Gently rub the posterior pharynx and tonsillar crypts with a cotton-tipped swab.

*Rectum*: Insert cotton swab two to three cm into the anal canal, exert lateral pressure to avoid fecal mass, and rotate to sample crypts.

*Urethra*: Insert urethral swab two cm into urethra and gently rotate.

Immediately firmly roll swabs in a "Z" pattern on a room temperature Thayer Martin medium, then cross streak. Incubate within 15 minutes at 35 degrees to 36 degrees Centigrade within a humidified atmosphere of 5% $CO_2$ or arrange for immediate transport of the plates to the hospital laboratory.

Test for **Chlamydia trachomatis**

*[Note: Always collect samples for chlamydia after collecting for gonorrhea.]*

*If culture is available:*

Obtain specimen from the cervix (or urethra, in the case of males)

Screening in the pharynx and anus for chlamydia is no longer recommended

Use rayon-tipped plastic shaft swabs to collect samples from the cervix, pharynx and anus. Use rayon-tipped urethral swabs for sampling the urethra for males. Insert the swab 1 to 2 centimeters into the penile shaft or cervical canal and rotate gently to pick up cells.

After placing the swabs into transport medium (one vial for each swab) place in refrigerator or place on ice and send to laboratory for inoculation as soon as possible (ideally within four hours).

*If culture is not available:*

Only samples obtained from the genital area (cervix or male urethra) should be used. DO NOT sample the throat, rectum or vagina. If the cervix is absent, sample the urethra. Nucleic acid amplification tests are preferable to other non-culture tests, particularly if they are confirmed. If a non culture test is used and is positive, confirm with a second test based on a different diagnostic principle. EIA or DFA tests are not acceptable because they are less sensitive and specific than other non-culture tests.

Test for **Syphilis** (RPR**) is no longer recommended unless the exam suggests untreated infection**

Test for **Hepatitis B** (HBsAg and anti-HBsAg) if the patient is known not to be immune or if the patient's immune status is unknown.

*Note: In order to avoid repeated blood drawings, all blood samples (for Hepatitis B, the evidence kit, and for the beta subunit) should be drawn at the same time by the appropriate hospital personnel.*

***Only if there are physical signs and symptoms of infection and or if patient request STD testing, during evidence collection, obtain cervical gonococcal and chlamydia cultures.***

# STEP 15

## EXTERNAL GENITAL SWABBING

***NOTE!!*** This step requires no modification in the case of patients with mobility impairment. However, it is important to note that cleansing the area for catheterization, and/or applying Lidocaine may dilute or contaminate the evidence that could possibly exist. Therefore, in those patients for whom Lidocaine will be applied to the perineal and anal area to minimize the risk of autonomic dysreflexia, it should only be done so AFTER swabbing the external genitalia for evidence. If catheterization is required either for evidence collection or to empty the bladder for a speculum examination, it should be done only after swabbing of the external genitalia.

***Were the patient's external genitalia involved in the assault?***

**NO**

**SKIP ENVELOPE 15**

**YES**

**ENVELOPE 15**

1. Inspect the pubic area and the inner thighs. Be alert to subtle contusions. Document any findings.
2. Remove the packet of swabs from the paper sleeve; affix the Genital 1A and 1B labels on the shafts of each swab.
3. Lightly moisten 2 swabs with distilled water.
4. Using the 2 swabs simultaneously, carefully swab the external genital area and inner thighs.
5. Allow all swabs to air dry.
6. Return the swabs to their paper sleeve and return the sleeve to Step 15 **Envelope**.
7. Seal the envelope, complete the requested information, and affix a kit number label.

# STEP 16

## VAGINAL SWABS AND SMEARS

***Did vaginal assault occur within the past 5 days?***

***Regardless of patient's age, a speculum exam will not be performed by a S.A.N.E. on a female who has not begun menstruating.***

**NO**

**SKIP ENVELOPE 16**

**YES**

**ENVELOPE 16**

1. Use only warm water to lubricate the vaginal speculum.
2. **You will be using 2 sets of swabs for this portion of evidence collection.**
3. **Do NOT moisten the swabs prior to sample collection. Do not skip this step even if secretions appear to be minimal.**
4. Retain the patient's tampon, contraceptive sponge, or other item found in the vagina if it was in use during the assault or during the 120-hour collection timeframe following the assault. Let it air dry as much as possible, then place it in a sterile urine-type container (not supplied). Create holes in the lid of the container to allow the drying process to continue. Label it, seal it and affix a kit number label. Place the container inside the kit box if possible. (Indicate on the kit box label that drying needs to be completed at the crime lab.)
5. Open the first packet of two swabs; affix the Vaginal 1A and 1B labels on the shafts of each swab
6. **Set #1**: Using the 2 **dry** swabs, simultaneously swab the cervix and the vaginal walls rotating the swabs for maximum saturation.
7. Using both swabs together, from Set #1, prepare 2 smears by simultaneously smearing a rectangular area in the center of the slide approximately ½" x ½". Do not stain or chemically fix the smear.
8. Allow swabs and smears to air dry
9. Affix labels "Vaginal 2A and 2B" to shafts of second set of swabs, Set #2
10. **Set #2**: Using 2 additional swabs, repeat the same swabbing procedure of the cervix and vaginal walls and label as "Set #2".
11. Allow all of the swabs to air dry.
12. Return both sets of swabs to their original paper sleeves. Label and place all swabs and slides into Step 16 **Envelope.**
13. Seal the envelope, complete the requested information, and affix a kit number label.

# STEP 17

## PERIANAL SWABS

***Did vaginal or anorectal assault occur within the past 120 hours?***

**NO**

**SKIP ENVELOPE 17**

**YES**

**ENVELOPE 17**

1. Obtain specimen even if a bowel movement has occurred since assault.
2. Remove the swabs from their paper sleeve; affix the Perianal 1A and 1B labels on the shafts of each swab.
3. Lightly moisten the labeled 2 swabs with distilled water. Using the 2 swabs simultaneously, carefully swab the perianal area.
4. Use 2nd set of swabs and repeat step #3.
5. Allow all swabs to air dry. Return swabs their paper sleeves.
6. Return the swabs to Step 17 **Envelope.**
7. Seal the envelope, complete the requested information, and affix a kit number label.

# STEP 18

## ANORECTAL SWABS AND SMEARS

Please note that in patients with Spinal cord injury and/or history of autonomic dysreflexia, this step is performed only with the highest level of awareness of the risk and with observance of the precautionary steps outlined subsequently.
The possible triggers for autonomic dysreflexia events such as:

- Anxiety
- Pelvic exam- including: a cold speculum, or the pressure of manipulating a speculum, manipulation of the cervix, pressure on the uterus.
- Rectal exam or swabbing
- Impacted bowel.
- Urinary retention, a kinked catheter, a bladder infection
- Deep skin lesion

Some of the symptoms are: a remarkably elevated blood pressure, nasal congestion, sudden onset of headache, flushing, sweating, shortness of breath and muscle spasms.
Precaution against a possible attack requires:

- Empty bladder or leg bag for the exam
- Application of Lidocaine gel to perineum and/or anal area before the exam
- Examination performed in a semi-supine position
- Slow insertion and minimal manipulation of a warm speculum
- Constant monitoring of blood pressure and "checking in" with patient during the exam.
- Have rapid acting anti-hypertensive medication on hand.
- Make ED staff aware of risk, and have them on alert

***Treatment of Autonomic Dysreflexia***

- Stop the exam
- Bring patient to sitting or semi supine position
- Involve ED staff immediately . The ED staff should administer a fast-acting anti-hypertensive medication.

## *Did anorectal assault occur within the past 24 hours?*

**NO** **YES**

**SKIP ENVELOPE 18**

**ENVELOPE 18**

1. Obtain specimen even if a bowel movement has occurred since assault.
2. You will be using 2 sets of swabs for this portion of evidence collection
3. **Open the first packet of two swabs; affix the Anorectal 1A and 1B labels on the shafts of each swab.**
4. **Do Not moisten the swabs prior to sample collection.**
5. **Set #1 Using Anorectal 1A and 1B swabs simultaneously, carefully swab the rectal canal. Using both swabs, prepare two smears.**
6. Label smears and swabs as Set # 1.
7. **Affix Labels "Anorectal 2A and 2B"**
8. **Set #2**: Using 2 additional swabs, repeat with the same swabbing procedure as with Set #1 by carefully and simultaneously, swabbing the rectal canal
9. Allow the swabs to air dry.
10. Return both sets of swabs to their original paper sleeve. Label and return both sets of swabs and slides to Step 18 **Envelope.**
11. Seal the envelope, complete the requested information, and affix a kit number label.

# STEP 19

## ADDITIONAL SWABS

## *Has dry or damp blood, semen, saliva, or other trace evidence been observed on the patient's body?*

**No** **Yes**

**SKIP ENVELOPE 19**

**ENVELOPE 19**

1. Moisten two swabs with the same distilled water used on the control swabs.
2. Using both swabs simultaneously, collect the specimen.
3. Note on the anatomical drawings on the Step 19 Envelope, the location from which the sample was taken.
4. Allow the swabs to air dry.
5. Return swabs to their original paper sleeve. If more than one specimen was taken, label the swab sleeves with the appropriate location. Do not attempt to identify the substance. Return all dried swabs to Envelope 19.
6. Seal the envelope; complete any requested information; and affix a kit number label.

Always remember to ask patient's permission to swab wheelchairs or any assistive devices as these items are part of their personal space and need to be respected as such. Document where the swabs came from.

# STEP 20

## Completion of Forms

1. Complete forms 1 through 6
2. Review all documentation on the forms and envelopes for completeness and accuracy, particularly the documentation of injuries that my have been revealed later in the exam.
3. **Print** your name and sign your name on each of the forms.
4. Ensure that the **printed name** of any other examiner, nurse or physician who has participated in the exam and/or evidence collection is included on the appropriate form.
5. Provide the patient with the yellow copy of Form 6.
6. Place the yellow copy of Form 2 into the Step 1 Hospital Reports Envelope.
7. Place the Step 1 Hospital Reports Envelope into the kit box
8. **If Comprehensive Toxicology Testing being submitted, include the yellow copy of the Form 3 into Step 3 Envelope and place it into the Comprehensive Toxicology Box. ( Do not put this form in the larger, main, Evidence Collection Box.**
9. Provide copy of Form 2 and submit to the SANE Program 250 Washington Street, Boston, MA 02108
10. Retain all original forms for the hospital's records
11. Complete the "Provider Sexual Crime Report", which is mandated by Mass General Law C. 112 12 ½. Return the completed report to : Massachusetts Executive Office of Public Safety- Statistical Analysis Center, One Ashburton Place, Suite 2110, Boston, MA 02108 or via Fax: 617.727.5356 *and* the police in the City/ Town in which the assault took place. If the patient is an inmate, the PSCR should be sent to the Correctional Facility where the assault took place. Place this report in a separate envelope, sealed and addressed to "Warden/Sheriff" with the name of the correctional facility. It can be transported via the Escort Officer accompanying the patient.

## COMPLETION AND DISPOSITION OF KIT
## Final Instructions

1. Make sure all envelopes and bags are sealed and kit number labels have been affixed.
2. Return all evidence collection envelopes, used or unused, to the kit box EXCEPT (1) any clothing bags containing items, and (2) if used, the toxicology kit bag. Affix a kit number label on the kit box where indicated.
3. Fill out all of the information requested under "**For Hospital Personnel.**"
4. Initial and affix police evidence seals where indicated on the sides of the box, and affix a Biohazard label in the area indicated.
5. Fill out the information requested on the **Evidence Transport** bag and affix a kit number label in the area indicated.
6. When at all possible, if collecting underpants worn at time of assault, include inside the evidence collection kit box in the paper bag labeled "Underpants".
6. Place all other **Clothing** into the **Evidence Transport Bag** and tape closed. ***Do not use staples***. Retain the sealed kit box.
7. *The Label on the Evidence Transport Bag should identify the city/ town of the assault and whether the case is reported or unreported*
8. Make the first entry on the Chain of Possession label on **Evidence Transport Bag**. Do the same on the sealed kit box. Immediately transfer the bag and the kit box to the appropriate police officer. If the officer is not immediately available, store the evidence according to SANE Program procedure in a locked refrigerator.

**10.15 Prophylaxis Medications**

* *ALL MEDICATIONS MUST BE PRESCRIBED BY AN ED PHYSICIAN*

* *ASSESS FOR DRUG OR YEAST ALLERGIES, AND ALL OTHER ALLERGIES*

Either the patient's primary nurse or the SANE may give medications, depending on hospital policy. Medications will be obtained according to hospital procedure. Whenever possible, the oral medications given to the patient to take at home should be prepared by a pharmacist (i.e., pre-packaged, and labeled with the name of the drug, purpose, and usage instructions). If this is not possible, the patient should be given prescriptions and arrangements for filling the prescriptions should be discussed.

Advise the patient of the signs and symptoms of medication side effects and allergic reactions. Instruct the patient about what to do if symptoms occur. To allow sufficient time for observation in the event of an allergic reaction, administer antibiotics in time to allow 30 minutes of observation (or time period in accordance with hospital policy) before the patient leaves the hospital.

When caring for inmates as patients, the SANE should contact the Correctional Health Service Staff (charge nurse) prior to the patient's discharge from the hospital for a report/review of the discharge instructions. In addition, it is important to inquire about the availability of medications at the correctional facility and whether prescribed medications need to be sent along with the patient, via the Escort Correctional Officer, until prescriptions can be filled. If you have questions- ASK.

**10.16 Administer Pregnancy Prophylaxis Medication**

*If the patient has signed the pregnancy prophylaxis consent form : The patient should be informed that current literature does indicate efficacy of pregnancy prophylaxis up to 120 hours post assault. Certainly the sooner after the event that the medications are taken, the more effective they are. Ideally, ECP should be given within the first 120 hours post- assault.*

**If the assault occurred less than 120 hours ago:**

***The preferred type of emergency contraception is to:***

- Administer Plan B, one pill now, and one 12 hours later. This provides 0.75 mg of levonorgestrel with each dose.

***The following is what used to be the standard, before Plan B was made available***

- Administer an antiemetic at least 30 minutes prior to the use of Lo-Ovral or Ovral. The patient may be given Compazine (10 mg p.o.) or Dramamine (50 mg P.O.) or other antiemetic according to hospital protocol.
- Administer 50 mg of ethinyl estradiol and 0.5 mg of norgestrel P.O. (i.e., two regular strength Ovral or four Lo-Ovral) now, and an additional dosage (two Ovral or four Lo-Ovral) to take 12 hours later.
- If the patient vomits within 30 minutes after taking Ovral, a repeat dosage may given upon physician order.
- Give the patient an additional dosage of antiemetic (Compazine 10 mg P.O. or Dramamine 50 mg P.O. or other antiemetic) to take with the Ovral 12 hours later.

- Explain to the patient that her period may be delayed for 2-3 weeks. Otherwise, a patient may worry needlessly that she is pregnant. Instruct the patient about what to do if side effects occur. Instruct the patient to obtain a repeat pregnancy test in one month.

**If assault occurred more than 120 hours ago:**

- Do not give Emergency Contraceptive Pills. Review the potential for pregnancy (See Section 10.10) and the risks and benefits of other options for pregnancy prevention. Other options may include: IUD insertion, menstrual extraction, therapeutic abortion, or no treatment.
- Instruct the patient to obtain a repeat pregnancy test within 10 days after ED visit. Consult with ED or OB/GYN physician for consultation (if another option is chosen), appropriate referral, and timing of follow-up.

### 10.17 Administer STD Prophylaxis Medications

Offer the patient antibiotic prophylaxis. Antibiotics are particularly indicated if the assailant is known or suspected to be infected with an STD, or if there is history or clinical evidence to suggest that the patient is infected. Antibiotic therapy will cover the most frequently encountered STDs: gonorrhea, chlamydia, trichomoniasis and bacterial vaginosis. A treatment regimen that includes Ceftriaxone and/or Doxycycline will most likely also cure incubating syphilis.

**The following medications reflect the Massachusetts Department of Public Health, Division of STD Prevention and the U.S. Centers for Disease Control (CDC) and Prevention 2002 guidelines for the treatment of STDs. The information here is intended to serve as recommendations for SANEs and physicians, and are not intended to be a comprehensive list of all effective treatment regimens. These medications may not be appropriate for all patients and the choice of medications may differ depending on the patient's needs.**

The following is a brief summary of medications, dosages, indications and contraindications. This information does not replace, and is not intended to replace, the full description of each medication. Consult with the Emergency Department physician about indications and contraindications of these medications.

FOR **GONORRHEA:**

| | |
|---|---|
| Medication: | **Ceftriaxone (Rocephin)** |
| **Dosage:** | ***125 mg I.M., single dose (use the 250 mg dose if likelihood of incubating syphilis is high or the other 125 mg dose in a 250 mg vial is likely to be discarded).*** |
| Indicated for Rx of: | Gonococcal infections at all sites (genital, anal, and pharyngeal). |
| Safe for: | Pregnant women and adolescents |
| Contraindications: | Allergy to penicillin/cephalosporins<br>Note: 250 mg dose be more effective against incubating syphilis than the 125 mg dose. |

**Cefixime 400 mg. orally single dose may be used as an alternative to ceftriaxone but is less effective against pharyngeal gonorrhea and is not currently recommended for this site. Limited data exists for its effectiveness against incubating syphilis.**

**OR**

***If patient is allergic to penicillin or cephalosporin***:

| | |
|---|---|
| Medication: | **Spectinomycin** (Trobicin) |
| Dosage: | **2 Gm, I.M., one dose** |
| Indicated for Rx of: | Gonococcal infections at genital and anal sites |
| Safe for: | Pregnant women and adolescents |
| Contraindications: | Previous hypersensitivity to Spectinomycin |
| Note: | Not effective against incubating syphilis and pharyngeal gonorrhea. |

FOR **CHLAMYDIA:**

***Drug of choice where available:***

| | |
|---|---|
| Medication: | **Azithromycin** (Zithromax) |
| Dosage: | **1 Gm, orally single dose** |
| Indicated for | Chlamydial infection at all sites |
| Safe for: | Adults, adolescents and children at least 45kg |
| Contraindications: | allergy to erythromyacin, azithromycin, and other macrolide antibiotics data is insufficient to recommend its routine use during pregnancy, but preliminary data indicate that it may be safe and effective. |
| Notes: | Single dosage is important for patients at risk for poor adherence to multi-dose regimens. |

**OR**

**If the patient is allergic to azithromycin, erythromycin or other macrolide antibiotics**

| | |
|---|---|
| Medication: | **Doxycycline** |
| Dosage: | **100 mg, PO, B.I.D. for 7 days** |
| Indicated for Rx of: | Chlamydial infection at all sites |
| Safe for: | **Non-pregnant adults and children over the age of 8** |
| **Contraindications:** | **Pregnancy or lactation** |
| | **Children < 8 years of age** |
| **Notes:** | **Cures incubating syphilis;** |
| | **Requires 7 days of adherence to prescribed regimen;** |
| | **May interfere with efficacy of oral contraceptives-patients should be advised to use back-up contraception for the duration of the treatment.** |

**OR**

***If the patient is pregnant:***

| | |
|---|---|
| Medication: | **Erythromycin** |
| Dosage: | **base 500 mg PO four times a day for 7 days** |
| Indicated for Rx of: | Chlamydial infection during pregnancy or allergy to tetracycline |
| Safe for: | Pregnant women and children |
| Contraindications: | Known hyper-sensitivity to Erythromycin. |
| Notes: | Drug interaction with Seldane.<br>G.I. side effects result in poor adherence to regimen.<br>Small levels detected in breast milk.<br>drug interactions may occur |

FOR **TRICHOMONIASIS AND BACTERIAL VAGINOSIS:**

| | |
|---|---|
| Medication: | **Metronidazole (Flagyl)** |
| Dosage: | **2 Gm, orally single dose** |
| Indicated for Rx of: | Trichomoniasis, Bacterial Vaginosis |
| Safe for: | Adults and adolescents |
| Contraindications: | allergy to metronidazole |
| Notes: | **a recent meta-analysis does not indicate teratogenicity in humans Consult with ED or Ob/Gyn physician prior to treating any pregnant woman. Refer to the Ob/Gyn for follow-up care**<br>**Consult with ED or OB/GYN physician prior to treatment of any pregnant** women. Refer patient to Ob/Gyn for follow-up care.<br>Counsel patients regarding the antabuse effect of this medication, and not to take any alcohol during treatment. |

FOR **HEPATITIS B:**

**Medication:** **Hepatitis B Vaccine [Engerix B or Recombivax]**

**Dosage:**

**<u>Adolescents age 11-19</u>:**

**Engerix B: 10 mcg/0.5 mL IM OR**
**Recombivax: 5 mcg/0.5 mL IM**

**<u>Adults over age 19</u>:**

**Engerix B: 20 mcg/1 mL IM OR**
**Recombivax: 10 mcg/1 mL IM**

**Indicated for Rx of:** **Hepatitis B prophylaxis after potential exposure d/t sexual assault**

| | |
|---|---|
| **Safe for:** | **Adults and children** |
| **Contraindications:** | **Allergy to yeast (very rare)** |
| **Notes:** | **Administer if the patient is known not to be immune or if the patient's status is unknown**<br>**Patients should be informed of the need for follow-up for completion of the vaccination series for Hepatitis B immunization** |

**10.18 Provide Information to the Patient and Significant Others**

**With the Patient:**

- Assess the responses and counseling needs of the patient.
- Assess the patient's safety concerns and offer assistance and/or refer, as necessary.
- Offer crisis intervention, support and information, with regard to issues specific to sexual assault.
- Offer information and education in regard to the patient's legal options and the implications of filing a police report.
- Offer guidance with problem solving regarding issues specific to the sexual assault (e.g., "Who do I tell?", "Should I report?"). Discuss the patient's social supports. Discuss the patient's immediate needs, e.g., transportation, shelter. Offer information and referrals about community resources.

**With the Patient's Significant Other(s):**

- Assess the responses and needs of patient's significant others
- Offer brief crisis intervention
- Advise significant others of methods of support for the patient.
- Offer help with problem solving regarding issues specific to sexual assault (e.g., "What should we do?" or "How can we help?")
- Offer information about available community resources.

**10.19 Ensure All Documentation is Complete** SANE should review all documentation for completeness and accuracy. Before the patient leaves the ED, confirm that all consents are properly signed and located in the hospital record.

**10.20 Give the Patient the Aftercare Forms**

At a minimum, the Aftercare Form should include:

- Names of the SANE and any other provider at this visit
- Kit number (Give the patient a label from the kit)
- Medications that the patient was prescribed
- Additional follow-up treatment required
- Specific follow-up resources, phone numbers, and names of contact persons, if possible.
- Address and telephone number of STD and HIV testing sites.

**10.21 Review and Discuss the Aftercare Form with the Patient**

Counsel the patient regarding the need for follow-up care:

| | |
|---|---|
| Within **two days** after ED visit: | Talk with follow-up counselor |
| Within **five days** after assault: | Decide whether to file a police report. The Victim's Compensation process requires reporting within five days. (See Appendix for Form). |
| **Ten days** after ED visit: | Obtain a repeat pregnancy test if the patient hasn't taken Emergency Contraceptive Pills. |
| **Four weeks** after ED visit: | Obtain a repeat pregnancy test if the patient took Emergency Contraceptive Pills. Obtain repeat STD cultures/testing, at a state-funded STD clinic or by a primary care provider. |
| **Six Weeks** after the ED visit: | If the patient had toxicology testing done and reported the assault to the police, the patient can contact the victim-witness advocate at the district attorney's office for test results. If the patient had toxicology testing done and the assault is not reported to the police, the patient can call 866.269.4265 and provide the kit number to receive test results. |

*[Note: State-funded STD clinics provide anonymous HIV and other STD testing. The testing is provided at no cost to the patient. No appointment is necessary and walk-in visits are accepted. The patient should also be referred to her/his primary care provider.]*

**If the Patient Plans to have an HIV antibody Test:** Refer the patient to anonymous Alternative Test Sites (ATS) for HIV testing (refer the patient to the SANE Aftercare Form for contact information) or to the AIDS Counseling and Testing Hotline for an appropriate site in their area (800.750.2016). If the patient chooses to have an HIV antibody test at three weeks, the patient should talk to their Primary Care Provider or HIV Counselor about whether or not to be re-tested at six weeks after the ED visit. Advise the patient to use condoms and other safer sex methods until all follow-up STD cultures are negative.

*[Note: If the patient does not take STD prophylaxis medication, advise her/him to seek STD testing in 2 weeks, 4 weeks, and 12 weeks after ED visit for all STDs except HIV.]*

**10.22 Make Arrangements for a Follow-up Call From the Rape Crisis Counselor**

In collaboration with the patient, decide whether follow-up will be done by the Rape Crisis Center counselor or hospital-based counselor.

Prior to discharge:

1) Ask permission to call the patient within the next two days
2) Explain who will call and why
3) Ask where patient can be reached in the next few days and ask for phone number(s).
4) Ask what should be said if someone else answers the phone.

**10.23 Advise the ED Nurse and Physician that the SANE Exam has been Completed**

Give the completed chart to the appropriate ED staff member. At this opportunity, discuss any concerns about the patient with the ED staff before the patient is discharged.

**10.24 Call the Police to Pick Up the Kit**

Call police in the city or town in which the assault occurred to arrange for transfer of the kit. Write the city or town on the label on the outside of the sealed kit. Ask that the kit be picked up as soon as possible.

In cases involving a prisoner/inmate as patient, for MSAECK pick-up/ transport, contact the Criminal Investigation Unit (CIU) of the jail/prison where the assault took place or the Massachusetts State Police.

If the kit will be picked up immediately (within two hours), refrigeration is not an immediate concern. However, <u>if the kit will not be picked up within two hours, the kit must be in a locked, refrigerated area until it is transferred to the police</u>. Refrigeration is necessary to preserve the quality of the blood samples in the kit.

**10.25 Transfer Evidence Collection Kit to Police or Designated ED staff**

<u>Maintain chain of custody of the Evidence Kit</u>: The kit should remain in the SANE's or Medical Provider's possession until it is given to the police or the ED supervisor. Document both the SANE's and the ED supervisor's name on the front of the kit. Avoid transferring the kit to more than one person.

Give the completed, sealed kit to police if they are present. The officer receiving the evidence should sign and date the chain of custody form on the kit box when the evidence is transferred. When the police arrive to pick up the evidence kit, both the SANE (or designated ED staff person) and the police officer should sign the hospital log.

If police are not present and are not expected to arrive shortly, give the kit directly to the ED supervisor/administrator who will take responsibility for notifying police for pick-up. Chain of evidence form should be completed. The individual institutions are responsible to track the evidence collection kit according to their hospital ED protocols.

*[Note: In some localities, the Evidence Kit should only be given to Sexual Assault Unit officers. Check with the ED staff to determine the correct procedure for the particular hospital and locality.]*

**10.26 Complete and Fax the Provider Sexual Crime Report**
PROVIDER SEXUAL CRIME REPORT (MGL c.112 s.12A 1/2)

Follow the directions on the form. Describe the specific location within the particular city or town, especially if the assailant was a stranger to the patient. Specify the street or other location.
Do not write the patient's name or address on the form or provide any detail that may identify the patient.

Once completed, FAX the form to both the: (See Appendix- Mandatory Reporting Forms)
1. Executive Office of Public Safety Statistical Analysis Center at 617.727.5356.
2. Police department in the city or town where the assault occurred.

## 11. RESPONSIBILITIES OF ED SUPERVISOR/ ADMINISTRATOR ON DUTY

*If the SANE was unable to transfer the kit directly to the police:*

### 11.1 Take the Evidence Kit From the SANE

- Store the sealed kit in a refrigerator in a secure location

[If the kit will be picked up immediately (within two hours), refrigeration is not an immediate concern. However, if the kit will not be picked up within two hours, the kit must be refrigerated until it is transferred to the police. Refrigeration is necessary to preserve the quality of the blood samples in the kit.]

To avoid breaking the chain of evidence, place the sealed kit in a locked safe or secured room with limited access.

- Call the Police in the city/ town where the assault occurred to Pick Up the Kit

Call the police department of the city or town in which the assault occurred to arrange for transfer of the kit. Write the name of the city or town on the label on the outside of the sealed kit. Ask that the kit be picked up at as soon as possible.

When the police arrive to pick up the evidence kit, both the ED Supervisor and the police officer should sign the hospital log.

- Check to be sure that the kit is transferred to police

The ED Supervisor should periodically check the locked safe or secured area to make sure that the kit has been picked up. If the kit has not been picked up after 12 to 24 hours, the ED administrator should call the appropriate police department again.

**DO NOT, UNDER ANY CIRCUMSTANCE, THROW AWAY THE EVIDENCE KIT.**

# APPENDICES

**Mandatory Reporting Forms**

Elder Abuse Reporting Information/19A

Child Abuse Reporting Information/51A

Disabled Persons Abuse Reporting Information/19C

DPS Provider Sexual Crime Reporting Form

**Victims of Violent Crime Compensation Information**

Victim Assistance Information

The Massachusetts Victim Bill of Rights

A Listing of Massachusetts' District Attorneys & Their Victim Witness Program Directors

**MSAECK Documentation Forms 1-6**

**Comprehensive Toxicology Testing**

Comprehensive Toxicology Testing Consent Form

Comprehensive Toxicology Testing Protocol Flow Chart

**Massachusetts Department of Public Health (MDPH- Division of STD Prevention) Summary of the 2002 Sexually Transmitted Diseases (STD) Treatment Guidelines**

**Massachusetts Department of Public Health Post Exposure Prophylaxis for Non-Occupational Blood and Sexual Exposures 24 hour Hotline Contact information**

**Sexual Assault Prevention and Survivor Services List of Rape Crisis Providers**

**Notes Pages**

add additional resources/ contact information pertinent to your facility/ region

Important Phone Numbers

Crime Lab Numbers [for consultation on evidence collection]

EXECUTIVE OFFICE OF ELDER AFFAIRS
COMMONWEALTH OF MASSACHUSETTS

# ELDER ABUSE MANDATED REPORTER FORM

This form should be returned within 48 hours of the oral report, to the following Designated Protective Service Agency:

_____

_____

## Reporter Information:

Name: _____ Occupation: _____

Agency: _____ Address: _____

Tel.#: _____ _____

_____

## Information about Elder Being Allegedly Abused/Neglected:

Name: _____

Address:

Permanent: _____

Temporary: _____

Tel.#: _____ Preferred

Approximate Age: _____ Sex: _____ Language: _____

Is elder aware report is being made? _____ Is English spoken? _____

_____

Description of alleged abuse incidents and/or condition of neglect: (Include name, dates, times, and specific facts and any information regarding prior incidents of abuse/neglect.

_____

_____

_____

_____

_____

_____

_____

_____

Persons or Agencies Involved or Knowledgeable about Elder:

Name_____ Age____ Relationship_____
Address_____ Phone_____

Name_____ Age____ Relationship_____
Address_____ Phone_____

Name_____ Age____ Relationship_____
Address_____ Phone_____

Name_____ Age____ Relationship_____
Address_____ Phone_____

Name_____ Age____ Relationship_____
Address_____ Phone_____

Is medical treatment required immediately? Yes____ No____ Possibly___
Describe treatment needed or already received: _____

Does reporter believe the situation constitutes an emergency?
Yes____ No____ Possibly____

Describe the risk of death or immediate and serious harm: _____

Additional information or comments:

_____
Signature of Reporter Date

Massachusetts Department of Social Services

# Report of Child(ren) Alleged to be Suffering from Serious Physical or Emotional Injury by Abuse or Neglect

Massachusetts law requires an individual who is a mandated reporter to immediately report any allegation of serious physical or emotional injury resulting from abuse or neglect to the Department of Social Services by:

1. Immediately reporting by oral communication; **and**
2. Completing and sending this written report to the appropriate Department of Social Services' office within **48 hours** of making the oral report.

**Please complete all sections of this form. If some data is unknown, please signify. If some data is uncertain, place a question mark after the entry.**

## ▼ Data on Children Reported

| Name | Current Location / Address | Sex | Age or Date of Birth |
|---|---|---|---|
| | | ❑ Male ❑ Female | |
| | | ❑ Male ❑ Female | |
| | | ❑ Male ❑ Female | |
| | | ❑ Male ❑ Female | |
| | | ❑ Male ❑ Female | |

## ▼ Data on Male Guardian or Parent

Name: _____
First Last Middle

Address: _____
Street and Number City / Town State Zip Code

Phone #: _____ Age: _____

## ▼ Data on Female Guardian or Parent

Name: _____
First Last middle

Address: _____
Street and Number City / Town State Zip code

Phone #: _____ Age: _____

## ▼ Data on Reporter / Report

Report Date: _____ ❑ Mandatory Report ❑ Voluntary Report

Reporter's Name: _____
First Last middle

(If the reporter represents an institution, school or facility, please indicate)

Reporter's Address: _____
Street and Number City / Town State Zip code

Phone #: _____

Has reporter informed caretaker of report ❑ Yes ❑ No

▼ What is the nature and extent of injury, abuse, maltreatment, or neglect, including prior evidence of same? (Please cite the source of this information in not observed firsthand.)

▼ What are the circumstances under which the reporter became aware of the injuries, abuse or maltreatment, or neglect?

▼ What action has been taken thus far to treat, shelter, or otherwise assist the child(ren) to deal with the situation?

▼ Please give other information that you think might be helpful in establishing the cause of the injury and /or the person(s) responsible for it. If known, please provide the name(s) of the alleged perpetrator(s)?

Signature of Reporter:

# *The Commonwealth of Massachusetts*
# Disabled Persons Protection Commission

## M.G.L. c. 19C Reporting Form

*When completed, this form should be mailed to:*

Intake Unit, Disabled Persons Protection Commission, 50 Ross Way, Quincy, Massachusetts 02169

**Reporter:**

Name:

Address:

Daytime telephone: ( )

( ) Mandated

( ) Non-Mandated

Relationship to Alleged Victim:

**Alleged Victim:**

Name:

Address:

Telephone: ( )

Sex: ( ) Male ( ) Female DOB:

Age: Marital Status:

**Alleged Abuser:** (Alleged Victim's Caretaker)

Name(s):

Home address:

Relationship to victim:

Soc. Security #: DOB:

Telephone: ( )

**Disability:** (check as apply)

( ) Mental Retardation ( ) Mental Illness

( ) Mobility ( ) Head Injury

( ) Visual ( ) Deaf / Hard of Hearing

( ) Cerebral Palsy ( ) Multiple Sclerosis

( ) Seizures ( ) Other (Specify: _____)

**Communication Needs:**

( ) TTY ( ) Sign Interpreter ( ) Other (Specify: _____)

**Client's Guardian(s):** (If any)

Name(s):

Address:

Relationship to Alleged Victim:

Telephone: ( )

**Currently Served By:**

( ) Dept. of Mental Health ( ) Mass Comm./Blind

( ) Dept. of Mental Retardation ( ) Mass. Comm./Deaf/HH

( ) Mass. Rehab. Comm. ( ) Unknown

( ) Dept. of Correction ( ) Other (Specify:_____)

( ) Dept. of Public Health ( ) None

**Collateral contacts or notifications:**

(Please list, including telephone numbers.)

**Type of Service:**

( ) Institutional ( ) Service Coordination

( ) Residential ( ) Foster / Spec. Home Care

( ) Day Program ( ) Respite

( ) Case Management ( ) Other (Specify:_____)

**Client's Ethnicity:**

( ) Caucasian ( ) Hispanic ( ) Asian

( ) African American ( ) Native American

( ) Other (Specify:_____)

**Frequency of Abuse:**

( ) Daily ( ) Increasing

( ) Weekly ( ) Decreasing

( ) Episodic ( ) Constant

( ) Unknown

Date of last incident:

**Is victim aware of report?**

( ) Yes ( ) No

**Types of Abuse:** (List all which apply)

( ) Physical ( ) Omission

( ) Sexual ( ) Other (Specify:_____)

( ) Emotional

Please describe alleged abuse on the back side of this form.

*You must file an oral report of suspected abuse; please call 800-426-9009

## Description - Please complete the following sections.

1. In narrative form, please describe the alleged abuse:

2. Please describe the level of risk to the alleged victim, including his/her current physical and emotional state:

3. Please list any resulting injuries:

4. Please list witnesses, if any, including daytime phone numbers:

5. Please describe caregiver relationship between the alleged abuser and the alleged victim. (What assistance, if any, does the alleged abuser provide to the person with the disability?)

6. Was an oral report filed with the DPPC Hotline?

( ) YES (Please note date and time of call:_____)

( ) NO (If no, please call 800-426-9009 to file an oral report)

7. Is there any risk to the investigator?

( ) YES If yes, please specify:

( ) NO

# PROVIDER SEXUAL CRIME REPORT

K

*Per MGL C.112, S. 12A 1/2*

## A. PATIENT/VICTIM INFORMATION *Name, address and other identifying information should not be written on this anonymous form.*

1. Age:_____ 2. Gender: ☐ Female ☐ Male
3. Race: ☐ White (non-Hisp.) ☐ Hispanic ☐ Black (non-Hisp.) ☐ Asian/Pac. Isl. ☐ Other: _____
4. Date of Assault (e.g., 01/01/2000): _____ 5. Approx. Time of Assault: _____ ☐ AM ☐ PM
6. City/Town of assault: _____ State:_____ Neighborhood:_____
7. Specific surroundings at time of assault:
☐ House/Apartment ☐ Outdoors ☐ Dormitory ☐ Hotel/Motel ☐ Other _____ ☐ Unsure
8. Date of hospital exam (e.g., 01/01/2000): _____ 9. Time of hospital exam: _____ ☐ AM ☐ PM
10. Hospital providing service: _____
11. Exam Completed by a Sexual Assault Nurse Examiner (SANE)? ☐ Yes ☐ No
12. Interpreter used? ☐ Yes ☐ No Language: _____

## B. ASSAILANT(S) INFORMATION *Did the patient/victim voluntarily report any of the following relationships with the assailant(s)?*

13. Total number of assailants: _____
14. Assailant(s) relationship to patient/victim and gender of assailant (m/f) *(If >1 assailant, designate relationship of each).*

| | # Male | # Female | | # Male | # Female |
|---|---|---|---|---|---|
| ☐ Parent/ Step-parent | | | ☐ Boy/ girlfriend | | |
| ☐ Spouse/ live-in partner | | | ☐ Ex-boy/ girlfriend | | |
| ☐ Ex-Spouse/ live-in partner | | | ☐ Date | | |
| ☐ Parent's live-in partner | | | ☐ Acquaintance | | |
| ☐ Other relative | | | ☐ Friend | | |
| ☐ Stranger | | | ☐ Unknown | | |
| | | | ☐ Other (specify): _____ | | |

## C. 15. WEAPONS/ FORCE USED *Document as per the victim's voluntary report of threats or weapons used and/or your physical findings.*

☐ Unknown ☐ Bites ☐ Gun ☐ Restraints
☐ Verbal threats ☐ Hitting ☐ Knife ☐ Chemical(s)
☐ Choking ☐ Burns ☐ Blunt Object ☐ Other weapons Describe: _____
☐ Other physical force Describe: _____

## D. ACTS DESCRIBED BY THE PATIENT/VICTIM:

***Was there penetration, however slight, of:***

16. Vagina ☐ No ☐ Unsure ☐ Attempt ☐ Yes *BY* ☐ Penis ☐ Finger ☐ Tongue ☐ Object/Other: _____
17. Anus ☐ No ☐ Unsure ☐ Attempt ☐ Yes *BY* ☐ Penis ☐ Finger ☐ Tongue ☐ Object/Other: _____
18. Mouth ☐ No ☐ Unsure ☐ Attempt ☐ Yes *BY* ☐ Penis ☐ Finger ☐ Tongue ☐ Object/Other: _____
19. During the assault, were acts performed by the patient/victim upon the assailant(s)? ☐ YES ☐ NO ☐ UNSURE
*If yes, specify:* _____
20. Did ejaculation occur? ☐ YES ☐ NO ☐ UNSURE 21. Did assailant(s) use a condom? ☐ YES ☐ NO ☐ UNSURE
22. Did assailant(s) use any substance as lubrication (saliva is considered lubrication)? ☐ YES ☐ NO ☐ UNSURE
*If yes, specify:* _____
23. Did assailant(s) kiss, lick, spit or make other oral contact with the patient/victim? ☐ YES ☐ NO ☐ UNSURE
*If yes, describe location:* _____
24. Did assailant(s) touch the patient/victim with bare hands or fingers? ☐ YES ☐ NO ☐ UNSURE
*If yes, describe location:* _____
25. Any injuries to patient/victim resulting in bleeding? ☐ YES ☐ NO ☐ UNSURE
*If yes, specify:* _____
26. Any injuries to assailant(s) resulting in bleeding? ☐ YES ☐ NO ☐ UNSURE
*If yes, specify:* _____

## E. CASE STATUS AT TIME OF THE EXAM

27a. Evidence Collection Kit completed? ☐ Yes ☐ No 27b. Toxicology Kit completed? ☐ Yes ☐ No
28. Reported to police? ☐ Yes ☐ No *If yes, specify police dept.:* _____
29. DSS Involved? ☐ Yes ☐ No *If yes, describe status:* _____
30. Restraining order in place before assault? ☐ Yes ☐ No *If yes, date and court location:* _____
31. Restraining order filed after assault? ☐ Yes ☐ No *If yes, date and court location:* _____

## F. MANDATORY REPORTING (Check all that apply):

32. 19A Elder Abuse Report ☐ Yes ☐ No 34. 19C Disabled Persons Report ☐ Yes ☐ No
33. 51A Child Abuse Report ☐ Yes ☐ No 35. Weapon Report ☐ Yes ☐ No

**Mail or FAX this report to:** **Massachusetts Executive Office of Public Safety-Statistical Analysis Center**
**One Ashburton Place, Suite 2110**
**Boston, MA 02108**
***FAX (617) 727-5356***

**AND: Local public safety authority**

RE2MA: PSCR1.4 2/03

# PROVIDER SEXUAL CRIME REPORT

**Overview**

The Provider Sexual Crime Report (PSCR) was created as a mechanism for determining the volume and characteristics of rape and sexual assault crimes occurring in Massachusetts. These crimes are often not reported to police and are, as a result, not recorded or tracked. Medical providers can be of great assistance to law enforcement by reporting their cases to the State Police and local police department via the Provider Sexual Crime Report, thus enabling these crimes to be counted and cases of serial offending to be identified. Massachusetts General Law requires the Provider Sexual Crime Report to be completed by medical providers for every victim of rape or sexual assault. Specifically, *Chapter 112, Section 12½* requires:

**"Every physician attending, treating, or examining a victim of rape or sexual assault, or, whenever any such case is treated in a hospital, sanatorium or other institution, the manager, superintendent or other person in charge thereof, shall report such case at once to the criminal history systems board and to the police of the town where the rape or sexual assault occurred but shall not include the victim's name, address, or any other identifying information. The report shall describe the general area where the attack occurred. Whoever violates any provision of this section shall be punished by a fine of not less than fifty dollars nor more than one hundred dollars." M.G.L.C. 112§ 12½**

**Instructions and Definitions**

- DO NOT write a patient's name, address, or any other identifying information on the PSCR. To ensure patient safety, the Report is anonymous.
- Question 21: Check "YES" only if all assailants used a condom. If one or more assailants did not use a condom, check "NO."
- Question 30 & 31: These questions pertain to restraining orders in place or filed for assailant(s) involved in this attack only.

**Rape:** "Whoever has sexual intercourse or unnatural sexual intercourse with a person, and compels such person to submit by force and against his will, or compels such person to submit by threat of bodily injury and if either such sexual intercourse or unnatural sexual intercourse results in or is committed with acts resulting in serious bodily injury, or is committed by a joint enterprise, or is committed during the commission or attempted commission of an offense..." M.G.L.C. 265 § 22.

**Unnatural sexual intercourse:** "Any penetration of the mouth, vagina, or anus by any foreign object or extremity; or, any penetration not understood to be what is collectively referred to as "sexual intercourse." M.G.L.C. 265 § 22.

**19A Elder Abuse Report:** M.G.L. Chapter 19A, Section 15 requires certain professionals (including physicians, physician assistants, medical interns, and nurses) to report suspected occurrences of elder abuse, neglect and financial exploitation.

**51A Child Abuse Report:** M.G.L. Chapter 119, Section 51A requires certain professionals (including physicians, physician assistants, hospital personnel engaged in the examination, care or treatment of persons, medical interns, and nurses), who, in their professional capacity shall have reasonable cause to believe that a child under the age of eighteen years is suffering physical or emotional injury resulting from abuse inflicted upon him which causes harm or substantial risk of harm to the child's health or welfare including sexual abuse, or from neglect, including malnutrition, or who is determined to be physically dependent upon an addictive drug at birth, shall immediately report such condition.

**19C Disabled Persons Report:** M.G.L. Chapter 19C, Section 10 requires certain professionals (including physicians, medical interns, hospital personnel engaged in the examination, care or treatment of persons, nurses) to report a serious physical or emotional injury resulting from the abuse of a disabled person including nonconsensual sexual activity.

**Weapon Report:** M.G.L. Chapter 112, section 12A requires every physician attending or treating a case of bullet wound, gunshot wound, powder burn or any other injury arising from or caused by the discharge of a gun, pistol, BB gun, or other air rifle or firearm, or examining or treating a person with a burn injury affecting five percent or more of the surface area of his body, or, whenever any such case is treated in a hospital, sanatorium or other institution, the manager, superintended or other person in charge thereof, shall report such case at once to the colonel of the state police and to the police of the town where such physician, hospital sanatorium or institution is located or, in the case of burn injuries, notification shall be made at once to the state fire marshal and to the police of the town where the burn injury occurred.

**Submission Requirements:**

- Upon completion, please mail or FAX the PSCR to:

**Massachusetts Executive Office of Public Safety-Statistical Analysis Center**
**One Ashburton Place, Suite 2110**
**Boston, MA 02108**
***FAX (617) 727-5356***

- In addition, please mail a copy of the PSCR to the local public safety authority where the rape or sexual assault occurred.

**Additional Information:** Should you have any questions regarding the PSCR, please call the Massachusetts Statistical Analysis Center at (617) 727-6300, x25341.